

Attachment B

Report Number WINRO146 / WINRO154 (Rev. 6/11)



Date: _____

Case Number: _____

Case Name: _____

General Phone Number: _____

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested.

Contact Information:

Head of Household:

Home Address: _____ BRONX _____ NY _____

Mailing Address:

Phone Number: _____ Email Address: _____

Legend

AP= Applying	SI = Single Issue	CA= Cash Assistance
AC= Active	CL/RJ= Not Active	MA= Medicaid
SN= Sanctioned	NA= Not Applying	FS= Food Stamp Benefits

Household Members:

First Name	Last Name	Sex	Date of Birth	Relationship	CA Status	MA Status	FS Status
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SAMPLE

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SAMPLE

SEMI-MONTHLY PUBLIC ASSISTANCE BUDGET CALCULATION

Report Date: 10/13/2011

Report Number: WINRO146 (Rev. 6/11)

Effective Date of Budget: 11/A/11

Case Number:

Local Office:

Suffix: 1

Worker: 00701

Number in PA H/H: 01

Case Name:

Number in Suffix: 01

<u>RESTR</u>	<u>NEEDS</u>	<u>185% TEST & POVERTY LEVEL TEST AMOUNT</u>	<u>EARNED INCOME</u>	<u>ACTUAL</u>	<u>ALLOWED</u>
		\$70.50	D. GROSS	\$0.00	
PRE ADDED ALLOWANCE		\$70.50			
1. SHELTER		\$550.00	STANDARD DEDUCTION	\$0.00	\$0.00
ENERGY		\$7.05	48 % DEDUCTION	\$0.00	\$0.00
ENERGY SUPPLEMENT		\$5.50	CHILD CARE	\$0.00	\$0.00
WATER		\$0.00	\$ 15 EXEMPTION	\$0.00	\$0.00
FUEL		\$0.00	1/3 EXEMPTION	\$0.00	\$0.00
PREGNANCY ALLOWANCE		\$0.00	OTHER DEDUCTION (INCLUDES PRORATA REDUCTION AMT)	\$0.00	\$0.00
HOME DELIVERED MEALS		\$0.00			
RESTAURANT ALLOWANCE		\$0.00	E. TOTAL DEDUCTIONS		\$0.00
OTHER NEEDS		\$96.87	F. NET EARNED INCOME		\$0.00
A. TOTAL NEEDS FOR 185% TEST		\$729.92			
185% X TOTAL NEEDS		\$1,350.35	<u>SOURCE</u>	<u>UNEARNED INCOME</u>	<u>AMOUNT</u>
TOTAL EARNED + UNEARNED FOR 185% TEST		\$0.00			\$0.00
POVERTY LEVEL TEST		\$453.75			\$0.00
TOTAL INCOME FOR POVERTY LEVEL TEST		\$0.00	G. TOTAL UNEARNED INCOME		\$0.00
			UNEARNED INCOME DEDUCTION (INCLUDES PRORATA REDUCTION AMT)		\$0.00
NEEDS REDUCTION DUE TO IVD SANCTION		\$0.00	H. NET UNEARNED INCOME		\$0.00
B. TOTAL NEEDS FOR NET INCOME TEST		\$729.50	I. TOTAL INCOME (F + H)		\$0.00
NEEDS REDUCTION DUE TO PRORATA SANCTION		\$0.00			
C. TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION		\$729.50	<u>CASH ASSISTANCE GRANT CALCULATION</u>		
			C. TOTAL NEEDS		\$729.50
	<u>OTHER ALLOWANCES</u>		I. TOTAL INCOME		\$0.00
REFRIGERATOR RENTAL ALLOWANCE		\$0.00	J. BUDGET DEFICIT		\$729.50
			- RECOUPMENT AMOUNT		\$0.00
			SEMI-MONTHLY CASH ASSISTANCE GRANT		\$729.50

BUDGET NUMBER 28

NOTE: AMOUNTS SHOWN IN ITEMS (A) AND (J) ABOVE HAVE BEEN ROUNDED DOWN.

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SAMPLE

FOOD STAMP BUDGET CALCULATION FOR PA & PA-SSI CASES

Report Number: WINRO154 (Rev. 6/11)

Report Date: 10/13/2011

Case Number:

Local Office:

Number in Case: 01

Worker: 00701

Case Name:

Effective Date of Budget: 11/A/11

BUDGET CALCULATION

A. INCOME

1. SEMI-MONTHLY GROSS EARNED INCOME	\$0.00	
2. NET S / M INCOME FROM BOARDER/LODGER	\$0.00	
3. TOTAL S/M INCOME (LINE 1 + 2)	\$0.00	
4. S / M CASH ASSISTANCE GRANT	\$190.13	
5. TOTAL S/M PA RECOUPMENT	\$0.00	
6. NET S/M CASH ASSISTANCE GRANT (LINE 4 MINUS 5)	\$190.13	
7. GROSS S/M OTHER UNEARNED INCOME	\$0.00	
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	\$190.13	
9. S / M GROUP HOME EXCLUSION	\$0.00	
10. S / M CHILD SUPPORT EXCLUSION	\$0.00	
11. LINES 3 + 8 , LESS LINES 9 + 10	A. \$190.13	
B. 130% STANDARD SEMI-MONTHLY	B. \$590.00	
C. DEDUCTIONS		
12 20% OF LINE 3	\$0.00	
13 STANDARD DEDUCTION	\$73.50	
14 ALLOWABLE SEMI-MONTHLY CHILD-CARE / DEPENDENT CARE COSTS	\$0.00	
15 ALLOWABLE S / M MEDICAL DEDUCTIONS	\$0.00	
16 CHILD SUPPORT DEDUCTIONS	\$0.00	
17 HOMELESS SHELTER DEDUCTION	\$0.00	
18 LINES 12 + 13 + 14 + 15 + 16 + 17	C. \$73.50	

D. ADJUSTED INCOME

19 A MINUS C	D. \$116.63	
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E. SHELTER COSTS		
20. S / M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD		\$107.50
21. S / M COMBINED UTILITY/PHONE STANDARD		\$0.00
22. S / M COMBINED HEAT/UTILITY/PHONE STANDARD		\$368.00
23. S / M PHONE STANDARD		\$0.00
24. OTHER S / M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC		\$0.00
25. LINES 20 + 21 + 22 + 23 + 24	E.	\$475.50
F. EXCESS SHELTER DEDUCTIONS		
26. TOTAL SHELTER COST, E		\$475.50
27. 1/2 OF ADJUSTED INCOME, D		\$58.32
28. EXCESS SHELTER COSTS. (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR		\$417.19
29. MAXIMUM SHELTER DEDUCTION FOR AGED / DISABLED, AMOUNT FROM LINE 28. FOR ALL OTHERS, ACTUAL OR STANDARD, 229.50, WHICHEVER IS LESS.	F.	\$417.19
G. SEMI-MONTHLY FOOD STAMP NET INCOME		
30. D, ADJUSTED INCOME		\$116.63
31. F, EXCESS SHELTER DEDUCTION		\$417.19
32. S / M NET FOOD STAMP INCOME. (LINE 30 MINUS 31)	G.	\$0.00
H. MONTHLY FOOD STAMP NET INCOME		
33. MULTIPLY AMOUNT IN 32 X 2	H.	\$0.00
I. ALLOTMENT ENTITLEMENT		
34. FOOD STAMP ALLOTMENT		\$200.00
35. MONTHLY FOOD STAMP RECOUPMENT		\$0.00
36. ADJUSTED FOOD STAMP AMOUNT. (LINE 34 MINUS 35)	I.	\$200.00

BUDGET NUMBER: 28

FEDERAL FS : \$200.00

STATE FS: \$0.00