

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program.

NOTE: Married—If the applicant is married and living with his/her spouse, use only the income received in the applicant's own name. For property, only use the applicant's separate property and one-half of community property.

Case name	Case number
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Applicant's name

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
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PART A. UNEARNED INCOME

1. Gross Unearned Income:		
2. Subtract Any Income Deduction:	-20	
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		

PART B. EARNED INCOME

5. Earned Income:		
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]		
7. Remaining Earned Income (5 minus 6):		
8. Subtract Work Expense Exclusion:	-65	
9. Subtract Other Earned Income Deductions:		
10. Remaining Earned Income:		
11. Subtract One-Half (1/2) Remaining Earned Income:		
12. Total Countable Earned Income:		
13. Total Countable Income (add lines 4 and 12):		

PART C. TB ELIGIBILITY CALCULATION

14. Current TB Income Standard for Individual:		
15. Enter Total Countable Income (line 13):		

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.)

Eligibility Worker signature	Worker number	Computation date	<i>County Use Only</i>
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