

FINANCIAL ELIGIBILITY WORK SHEET (Individual or Couple, Applicant With an Ineligible Spouse)

Case Name	Case Number
-----------	-------------

Applicant's Name

PART A. NEEDS TEST

1. Applicant's total earned and unearned income (MC 176M, Part I, Line 14): \$ _____
 2. Title II COLA disregard amount: \$ _____
 3. Total countable income (Subtract A.2. from A.1.): \$ _____
- (If single applicant or couple pass the screening work sheet, proceed to Part F.)

PART B. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include public assistance income: \$ _____
2. Title II COLA disregard amount: \$ _____
3. Countable unearned income (Subtract B.2. from B.1.): \$ _____
4. Allocation for ineligible children. (If no children, enter zero in B.4.c.)

Do not include Pickle-eligible children.

a. Allocation (couple Federal Benefit Rate [FBR] minus individual FBR):

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

b. Subtract child's income:

c. Total allocation: + + + = \$ _____

5. Remaining unearned income (Subtract line B.4.c. from B.3.) (If negative, also enter on line C.2.): \$ _____

PART C. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (Subtract C.2. from C.1., if negative, enter zero.): \$ _____

PART D. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (If B.5. is negative, enter C.3. amount, otherwise, add B.5. and C.3. and enter.) (If less than the difference between the FBR for a couple and the FBR for an individual, deeming is not applicable. Make no entry for ineligible spouse's income in Part E.): \$ _____

PART E. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

1. Applicant's gross unearned income (including any applicable ISM-DHS 7044). (If VTR, ISM is zero, use "household of another" SSI/SSP payment level in F.1.): \$ - _____
2. Applicant's Title II COLA disregard amount: \$ _____
3. Applicant's countable unearned income (Subtract line E.2. from line E.1.): \$ _____
4. Ineligible spouse's unearned income (line B.5.). (If B.5. is negative, use 0.): \$ _____
5. Combined unearned income (Add lines E.3. and E.4.): \$ _____
6. Subtract general income exclusion: \$ - 20 _____
7. Combined countable unearned income: \$ _____ **Total Unearned**
8. Earned income of applicant and spouse (Use amount from line C.3. for ineligible spouse.): . . . \$ _____
9. Subtract balance of general exclusion not offset by unearned income (line E.6.): \$ _____
10. Remaining earned income: \$ _____
11. Subtract work expense exclusion: \$ - 65 _____
12. Remaining earned income: \$ _____
13. Subtract 1/2 remaining earned income: \$ - _____
14. Countable earned income: \$ _____ **Total Earned**
15. Total countable income (Add lines E.7. and E.14.): \$ _____ **Combined Total**

PART F. PICKLE ELIGIBILITY CALCULATION

1. Current SSI/SSP payment level for an individual or a couple: \$ _____
2. Enter total countable income (line A.3. or E.15.): \$ _____

If line F.2. is less than or equal to F.1., the applicant is Pickle eligible. If ineligible, enter in Tickler System.

Eligibility Worker Signature	Worker Number	Computation Date	County Use
------------------------------	---------------	------------------	------------