## **APPLICATION WORKSHEET**

## **NC FAST ID No.:**

## **Case Name:**

Start at Step 1 and work through Step 28. Do the steps in order. Use standard rounding procedures to two decimal points (cents) except where specified otherwise in instructions. Noted by (\$0.00). Example of standard rounding procedures: \$1.235 rounds to \$1.24, \$1.234 rounds to \$1.23. Except for Line 3, if a negative number results after subtracting two numbers, insert a zero. Be sure to follow all "Note" instructions. When skipping lines or blocks, dash out or mark "NA." CATEGORICALLY ELIGIBLE FOOD AND NUTRITION SERVICES UNITS (FNSU): Special rules apply to these FNSU's. Do not apply the gross income test to line 11 or the net income test to line 26. A one and two person FNSU will not be terminated if the allotment is less than \$1 but will receive the minimum allotment of \$23. A three or more person FNSU will be terminated if the allotment is less than \$1.

	Employment Income			
(Hou	sehold Member) (Source of Income)	(Gross Monthly Amount)		
		\$	(\$0.00)	NOTE: If a self-employed farmer and line 3 is a
		<u> </u>	(\$0.00)	negative amount (loss), enter the loss on line 10.
1.	Monthly gross self-employment income.	<u> </u>	(\$0.00)	
2.	Monthly self-employment business costs.	\$	(\$0.00)	NOTE: If classified as "unearned income" carry
	memany con employment ademices ecoler	<u> </u>	• ( ,	forward to "Unearned Income" Section. Do not add to
3.	Subtract line 2 from line 1. Result: Net monthly	\$	(\$0.00)	line 4.
J.		Ψ	(ψ0.00)	
	self-employment income before taxes.			
	es, Salaries, or Other Income from Employment			NAME
(Hou	sehold Member) (Source of Income)			When calculating monthly income round to two decimals (cents) for all income calculations.
		\$	(\$0.00)	(certs) for all moone calculations.
		<u> </u>	(\$0.00)	Example: \$100.33 + \$100.34 = \$200.67 / 2 = \$100.335 round
		<u> </u>	(\$0.00)	\$100.34.
		<del>-</del>	-	\$100.34 X 2.15 = \$215.731 rounded to \$215.73
4.	Add line 3 and all monthly wage and salary income.	\$	(\$0.00)	
••	, taa iiilo o aha ali mohany wago aha salary moomo.			
Educ	cational Grants, Scholarships, or Loans			
	sehold Member) (Source of Income)			
(1104	(Godice of moonle)	Φ.	(#O OO)	
		_ \$	(\$0.00)	
		\$	(\$0.00)	
5.	Enter monthly income received from educational		(\$0.00)	
	grants, scholarships, or loans.	\$	_	
6.	Enter monthly tuition and mandatory fees.	\$	(\$0.00)	
7.	Subtract line 6 from line 5.	\$	(\$0.00)	
			-	
8.	Add line 4 and line 7.	\$	(\$0.00)	
Uno	arned Income			
	sehold Member) (Source of Income)			NOTE: Do not count excluded income.
(i iou	(Source of Income)	•	(00.00)	
		_ \$	(\$0.00)	NOTE: Except for FNS units with an elderly or
		\$	(\$0.00)	disabled member, if the amount on line 11 is more
9.	Add line 8 and monthly unearned income.	\$	(\$0.00)	than the gross income limit, deny or terminate the case.
10.	Enter farm loss from line 3.	\$	(\$0.00)	If less than the limit, continue on to line 12.
		·	='	il less than the limit, continue on to line 12.
11.	Subtract line 10 from line 9.			
	Result: Gross Monthly Income	\$	(\$0.00)	
	Result: Gross Monthly Income.	\$	(\$0.00)	Gross I imit = \$
	·			Gross Limit = \$
12.	Multiply line 4 by 20% and enter the result.	\$ 	(\$0.00)	Gross Limit = \$  Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.
12. 13.	·			
13.	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.		(\$0.00)	
13. <b>Med</b> i	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses	\$	(\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.
13. Medi Medi	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services		(\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no
13. Medi Medi Hosp	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services oital, Nursing Care rance, Medicare Payments	\$	(\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no
Medi Medi Hosp Insur	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Prese	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Prese Dent	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs ures, Hearing Aids, Glasses	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Prese Dent Trans	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs ures, Hearing Aids, Glasses sportation Costs	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Prese Dent Trans	Multiply line 4 by 20% and enter the result. Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse	\$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Preso Dent Trans Atter	Multiply line 4 by 20% and enter the result.  Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse ion (Specify)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Prese Dent Trans Atter Othe 14.	Multiply line 4 by 20% and enter the result.  Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse ior (Specify) Total Medical Expenses	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Preso Dent Trans Atter	Multiply line 4 by 20% and enter the result.  Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse ion (Specify)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Presc Dent Trans Atter Othe 14.	Multiply line 4 by 20% and enter the result.  Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse er (Specify) Total Medical Expenses Enter Medical threshold amount.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip
Medi Medi Hosp Insur Preso Dent Trans Atter Othe 14.	Multiply line 4 by 20% and enter the result.  Enter Standard Deduction.  ical Expenses ical, Dental Services bital, Nursing Care rance, Medicare Payments cribed Drugs tures, Hearing Aids, Glasses sportation Costs indant or Nurse ior (Specify) Total Medical Expenses	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	(\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00) (\$0.00)	Example: \$100.33 X .20 = \$20.066 rounded to \$20.07.  NOTE: For elderly and disabled only. If there are no FNS unit members authorized for this deduction, skip

17. 18. 19. 20.	Enter dependent care costs. Enter legally obligated child support payments. Homeless Shelter Deduction Add lines 12, 13, 16, 17, 18, 19 and enter total.	\$ \$ \$		(\$0.00) (\$0.00) (\$0.00) (\$0.00)	NOTE: Individuals who choose to use the Homeless standard deduction on line 19 cannot receive Shelter Costs. Enter zero on line 24.			
21.	Subtract line 20 from line 11.  Result is income after all deductions except shelter costs.	\$_		(\$0.00)	Costs. Enter zero on line 24.			
_	ter Costs		(\$0.00)					
Rent or Mortgage		\$_		(\$0.00)	NOTE: Use the appropriate Utility Standard. Do not			
Tax and Insurance		\$_		(\$0.00)	allow actual utility expenses except for fees charged by a utility company for initial installation of service,			
ıotai	Utility Standard (SUA, BUA, TUA)	* <u></u>		(\$0.00)	and installation and maintenance of wells and septic			
	Telephone (basic rate)	\$ <u></u>		(\$0.00) (\$0.00)	tanks.			
	Electric	, —		(\$0.00)				
	Gas Oil	\$ <u></u>		(\$0.00)				
		φ_		(\$0.00)				
	Water and Sewage Garbage and Trash	φ —		(\$0.00)				
	Installation of Utilities	φ —		(\$0.00)				
	Other (specify)	\$ —		(\$0.00)				
22.	Total Shelter Costs	\$ —		(\$0.00)				
23.	Divide line 21 by 2, and enter result	\$ —		(\$0.00)				
20.	Divide line 21 by 2, and enter result	Ψ		<u>(</u> Ψ0.00)	Excess Shelter Cost Limit =			
24.	Subtract line 23 from line 22.				(without a Specified Person in the FNS unit)			
24.	Result: equals excess shelter costs.	\$		(\$0.00)	(without a openied reason in the rivo drift)			
Net I	Monthly Income							
25.	Subtract line 24 from line 21.  Do not allow more than the Excess shelter Cost limit				<b>NOTE:</b> If the amount on line 25 is more than the Net Income Eligibility Limit, deny or terminate the case. If less than the limit, go to line 26 or skip to line 28 and			
	unless the FNS unit contains a Specified Person.				enter allotment amount from the issuance table.			
	Result here is net monthly income.	\$_		(\$0.00)				
Allotment Level								
					NOTE: If the FNS unit contains 3 or more members and			
26.	Enter maximum allotment for FNS unit size.	\$		(\$0)	allotment on line 28 is zero or a negative number, deny or terminate the case.			
27.	Multiply line 25 by 30% and enter result.	\$		(\$0.00)	terrillate the case.			
		_		-				
28.	Subtract line 27 from line 26. If the FNS unit contains 1 or 2 members and result is less than \$23, enter \$23.				Line 28: Round down this calculation to the whole dollar. Example: \$192 - \$30.10 = 161.90, round down to \$161.			
	Result is monthly allotment.	\$		(\$0) -				
Allotment Proration								
					NOTE: Prorated allotments of less than \$10 are not			
a.	Total days in month	_	31	_	issued. The minimum allotment of \$23 for 1 or 2 person FNS units is also prorated.			
b.	Enter day of month of application. Enter 30 if the date of application is the 31st of the month.	_		_	person Fino units is also profated.			
C.	Subtract line b from line a.	_		_ (¢o\				
d.	Multiply line b. by the full monthly allotment on line 28.	_		(\$0)				
e.	Divide lined. by 30. Drop decimals to whole dollar. <b>Result: Prorated allotment.</b>	_		(\$0)	Line e: Round down this calculation to the whole dollar. Example: \$5044 / 29 = \$173.93 round to \$173.			
Eligibility Worker:  Date:				NOTE: Complete Client Record and Disposition block on application when applicable. Ensure appropriate notice is sent to the FNS unit.				

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