

STATE OF MONTANA
Department of Public Health and Human Services
THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

NAME	SOCIAL SECURITY NUMBER	CASE NO.
ADDRESS	CITY	COUNTY ZIP

PART II INCOME STATEMENT (Reference FNS 501 Sections 4600-4640)

Section A Earned Income (Reference FNS 501 Section 4520)

SUBSECTION A-1 CONTRACT & SELF-EMPLOYMENT INCOME (Reference FNS 501 Section 4720-4727)

List all gross income before taxes from self-employment, to include payment from roomers and returns on rental property for each household member

NAME	SOURCE	AMOUNT	HOW OFTEN RECEIVED	FOR OFFICE USE ONLY
		\$		Amount to average \$
				Amount to average \$
				Amount to average \$
A. ENTER TOTAL HERE				D. Total to average \$

List all net profits from the sale of capital goods or equipment within the last 12 months and enter dates of sale.

ITEMS	AMOUNT	DATE	FOR OFFICE USE ONLY
	\$		Amount to average \$
			Amount to average \$
B. ENTER TOTAL HERE			E. Total to average \$

List business expenses and give dates expenses were incurred for the last 12 months

ITEMS	AMOUNT	DATE	FOR OFFICE USE ONLY
Labor	\$		Amount to average \$
Stock and Raw Material (seed, fertilizer, etc.)			Amount to average \$
Insurance Premiums (equipment, etc.)			Amount to average \$
Property Taxes			Amount to average \$
Other (Identify)			Amount to average \$
			Amount to average \$
C. ENTER TOTAL HERE			F. Total to average \$

FOR OFFICE USE ONLY

If income listed in Subsection A-1 is the households only means of support, the income must be averaged over a 12 month period, even if the income is received in a shorter period of time. If income in A-1 represents only a part of the household's support, it should be averaged over the period of time it contributes support to the household. If the receipt of income in Sections A & B is reasonably certain, but amounts fluctuate, income may be averaged if it is to the benefit of the household.

Review A & B to determine if income is to be averaged.
If income is to be averaged, determine the number of months in the averaging period.
Calculate the amounts in Subsection A-1 that apply to the averaging period and enter these amounts in D, E & F in the same subsection

1. If income is to be averaged, enter averaging period: From _____ to _____
2. Enter number of months in averaging period (if applicable):..... Number of Months: \$ _____
3. Add D and E in Subsection A-1 and enter the sum:..... \$ _____
4. Enter the amount from F in Subsection A-1 \$ _____
5. Subtract the amount on Line 4 from the amount on Line 3: (No less than 0) \$ _____
6. Divide the amount on line 5 by number of months on Line 2: \$ _____

SUBSECTION A-2 TRAINING ALLOWANCES (Reference FNS 501 Section 4520C)

Training Allowances		
1. Enter monthly income received.....		
2. Enter monthly tuition and mandatory fees.....		
3. Subtract line 2 from line 1 (if amount is negative, enter 0)		\$

SUBSECTION A-3 WAGES, SALARIES & OTHER INCOME FROM EMPLOYMENT

Wages, Salaries or Other Income from Employment				X	Factors Used
NAME		SOURCE		X	
				X	
				X	
				X	

(Use conversion factors FNS 501 Section 4621) Total monthly wage and salary income and enter the total on this line \$

Section B Unearned Income (Reference FNS 501 Section 4530)

SOURCE OF INCOME	1. SSI (Supplemental Security Income) -- Gold Checks	9. Other (specify)
	2. AFCD (Aid to Families with Dependent Children)	10. Land Lease
	3. GA (General Assistance)	11. Pasture Lease
	4. Social Security -- Blue/Green Checks	12. Farm Lease
	5. Pensions or retirement income	13. Oil or Gas Lease
	6. Money from friends or relative (other than loans)	14. Other Leases (specify)
	7. Child support and alimony	15. Other Leases (specify)
	8. Unemployment or Workers' Compensation	16. Per Capita Payments (specify)

Indicate household member receiving payment and identify payment by above numbers

NAME	NO.	AMOUNT	HOW OFTEN RECEIVED	CIRCLE CONVERSION FACTOR	MONTHLY TOTAL
				1 - 2 - 2.5 - 4 - 4.3	
				1 - 2 - 2.5 - 4 - 4.3	
				1 - 2 - 2.5 - 4 - 4.3	
				1 - 2 - 2.5 - 4 - 4.3	
				1 - 2 - 2.5 - 4 - 4.3	
				ENTER TOTAL	\$

Section C Income Deductions

If you pay for child care or other dependent care to enable you to accept or continue work or attend training which is preparatory to employment, enter the monthly amount. Do not enter if these amounts are paid to a member of your household.

	\$ _____
Recurring monthly out of pocket medical deduction - over \$35	\$ _____
Legally required child support payments	\$ _____
Premium for Medicare Part B	\$ _____
Housing/utility standard deduction (\$400)	\$ _____
Total	\$ _____

Signature _____ Date _____
(Applicant or Authorized Representative)

FOR OFFICE USE ONLY

7. Enter self-employment amount from line 6 on reverse side.....	7	\$
8. Enter total monthly amount from Subsection A-2 on reverse side.....	8	\$
9. Enter total monthly amount from Subsection A-3 on reverse side.....	9	\$
10. Add lines 7, 8 and 9 and enter total earned income.....	10	\$
11. Enter 20% of line 10. (Earned income standard deduction).....	11	\$
12. Subtract amount on line 11 from amount on line 10 (Net earned income).....	12	\$
13. Enter total monthly unearned income from Section B above.....	13	\$
14. Add amounts from lines 12 and 13. (Total earned and unearned).....	14	\$
15. Enter total from Section C, Income Deductions.....	15	\$
16. Subtract amount on line 15 from amount on line 14.....	16	\$

17. Use the amount on line 16 to determine eligibility.
 18. On line 19 and 21 enter the number of each month used for each period beginning with 1.
 On line 20 enter the amount under the month, a lump sum payment is expected.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
19. Averaging Period.....												
20. Lump Sum Payment.....												
21. Certification Period.....												

Signature _____ Date: _____
(Certification Clerk)