

**FORM F**  
**ELIGIBILITY WORKSHEET (example)**

Case#: 1498		Budget WorkSheet		Interview Date: 12/15/2016	
Applicant: TEST TEST		Monthly Budget		Normalized to Monthly	
Co-Applicant:					
<b>Earned Income</b>					
Name	Employer	Amount	Period	Available	
TEST TEST	no name	50.00	Weekly	216.67	
Total Earned Income				216.67	
<b>Other Income</b>					
Name	Income Type	Amount	Period	Available	
TEST TEST	SSI	720.00	Monthly	720.00	
Total Other Income				720.00	
<b>Assets</b>					
Name	Asset Type	Amount	Available		
Total Assets		0.00			
<b>Non-Cash Assistance</b>					
Name	Assist Type	Amount	Period	Available	
TEST TEST	FOOD STAMP (SNAP)	76.00	Monthly	76.00	
Total Non-Cash Assistance		76.00	76.00		
<b>Allowable Expenses</b>					
Description	Actual / Period		Monthly Allowable		
Clothing	25.00 Monthly		25.00		
Electric Utility Payment	90.00 Monthly		90.00		
Food (Edible Items Only)	200.00 Monthly		200.00		
Medical/Doctor/Hospital	50.00 Monthly		50.00		
Personal/Household Non-Food Items	28.00 Monthly		28.00		
RENT - Mobile Home Park Lot Rent	600.00 Monthly		600.00		
* Denotes Assistance Requested					
Total Expenses		991.00	991.00		
<b>Summary</b>					
Available Funds	936.67		936.67		
+ Non-Cash	76.00		76.00		
- Total Expenses	991.00		991.00		
Difference	21.67		21.67		