Case Name : _____

Instructions: Use this form to compute the MacrSSI income disregard if the application(s)/ recipient(s) has/have earned income. Only one disregard may be allowed for each assistance plan. Enter dates and amounts in the identifying information, and complete either Section I, II, or III as appropriate. Attach this form to the PA-3104.5 or the PA-3104.6.

IDENTIFYING INFORMATION

MONTH(s) EFFECTIVE

	_____ Mo./Yr.	_____ Mo./Yr.	_____ Mo./Yr.	_____ Mo./Yr.
EARNED INCOME (Gross or Adjusted Gross)	$_____	$_____	$_____	$_____
UNEARNED INCOME (Gross)	$_____	$_____	$_____	$_____

SECTION I

Complete this section if EARNED INCOME is GREATER THAN $65 and UNEARNED INCOME is GREATER THAN OR EQUAL TO $20:

a. Enter earned income .	$_____	$_____	$_____	$_____
b. Divide by 2.	$_____ ÷2	$_____ ÷2	$_____ ÷2	$_____ ÷2
c. Enter result (a ÷ b)	= $_____	= $_____	= $_____	= $_____
d. Add $52.50.	+ $_____ 52.50	+ $_____ 52.50	+ $_____ 52.50	+ $_____ 52.50
e. EQUALS TOTAL DISREGARD (c + d). Enter on Line 10 of PA-3104.5 or Line 11 of PA-3104.6	= $_____	= $_____	= $_____	= $_____

SECTION II

Complete this section if EARNED INCOME is LESS OR EQUAL $65 and UNEARNED INCOME IS ANY AMOUNT:

a. Enter earned income	$_____	$_____	$_____	$_____
b. Enter either unearned income or $20, whichever is less	+ $_____	+ $_____	+ $_____	+ $_____
c. EQUALS TOTAL DISREGARD (a + b) Enter on Line 10 of PA-3104.5 or Line 11 of PA-3104.6.	= $_____	= $_____	= $_____	= $_____

SECTION III

Complete this section if EARNED INCOME is GREATER THAN $65 and UNEARNED INCOME is THAN $20:

a. Enter earned income.	$_____	$_____	$_____	$_____
b. Enter either unearned income	+ $_____	+ $_____	+ $_____	+ $_____
c. Add $85.	+ $_____ 85.00	+ $_____ 85.00	+ $_____ 85.00	+ $_____ 85.00
d. Enter result (a + b + c).	= $_____	= $_____	= $_____	= $_____
e. Divide by 2.	_____ ÷2	_____ ÷2	_____ ÷2	_____ ÷2
f. EQUALS TOTAL DISREGARD (d ÷ 2 e). Enter on Line 10 of PA-3104.5 or Line 11 of PA-3104.6.	= $_____	= $_____	= $_____	= $_____

_____	_____	_____	_____
Initial/ Date	Initial/ Date	Initial/ Date	Initial/ Date

This form should be reproduced locally.
This form supersedes Form PA-3103.5, Rev. 5-84