KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

INCOME ALLOWANCE DETERMINATION FORM

App	olicant/Recipi	ent Name					
Nar	ne of Spouse	e					
Cas	se Number _						
This	s form is to be ple and the a	oe used to deter mount of the con	mine the total amo	ount of income r d/orfamily memb	received by a married per income allowance.		
List	of all of the	couple's countab	le income below. ((Attach additiona	al sheet if necessary.)		
SE	CTION I - INC	COME					
A.	EARNED INCOME - List all earned income including self-employment income.						
	Sourc		Wage Earner		Monthly Gross (or Adjusted Gross for Self-employment)		
	1 2.						
В.	UNEARNED INCOME - List all unearned income. Examples: alimony, unemployment insurance, royalties, dividends, rent, mortgage, sales contract income, military or VA benefit, retirement pension, worker's compensation, etc. If income received jointly, list both spouses' names.						
	Sourc	e	Spouse(s) Receiv Income	ving	Monthly Gross		
	1						
	2						
	3.						
	4						
	5						
	6						
	7						
	8						

В.	UNEARNED INCOME (CONTINUED)					
	9.					
	10.					
C.	INCOME TOTALS - Total all earned and unearned income from page 1 and list below.					
	1.	Income Received by Wife	\$			
	2.	Income Received by Husband	\$ <u>+</u>			
	3.	Income Received Jointly	\$ <u>+</u>			
	4.	Total Income of Couple	\$_=			
	If to grea	total income is less than or equal to \$1712 go to Section III. If total income is reater than \$1712 complete Section II first.				
SEC	CTIOI	N II - SHELTER EXPENSES				
List she	mont Iter a	thly shelter expenses below for spouse in community and mount.	compute the excess			
	1.	Rental Cost	\$			
	2.	Mortgage Payment	\$			
	3.	Property Taxes (if not included in item 2 above)	\$			
	4.	Home Insurance (if not included in item 2 above)	\$			
	5.	Other (Condominium/Cooperative Charges)	\$			
		Add items 1 through 5	\$			
		Subtract	\$ - 232			
	6	Total Excess Shelter	\$ =			

SECTION III - COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$1712 per month of the couple's total income. The community spouse's share can be increased by the amount of excess shelter expense calculated above. In any event, the maximum community spouse income allowance is \$2,541 per month.

Calculate	e the total amount of in	come which can be allocated	to the community spouse.		
1.	\$ minimum all	owance	\$		
2.	Total excess shelter	(Line II-6)	\$ <u>+</u>		
3.	Total allowable comn	nunity spouse allowance	\$ <u>=</u>		
4.	Community spouse's gross income		\$ <u>-</u>		
5.	Net community spous	an be \$_=			
<u>SECTIO</u>	N IV - FAMILY INCOM	E ALLOWANCE			
income of allowand dependents	does not exceed \$1712 se can be provided to the ent child, dependent pa	ong term care as long as that it. If the income is in excess of at member. A family member rent, or dependent brother or pers, type of dependency (min each below.	of \$1712 no income er is defined as a minor or sister of either spouse.		
	ame	<u>Dependency</u>	Amount of Gross Income		
_					
_					
_					
Tot	al Qualifying Members				

Calculate	the total amount of income which can be allocated to eac	h family	member.				
1.	Monthly income allowance per family member	\$	= 571.00				
2.	Number of qualifying family members	\$ <u>x</u>					
3.	Total family allowance which can be provided	\$ <u>+</u>					
SECTION	N V - SHARE OF INCOME FOR SPOUSE IN LONG-TERM	/ CARE	Ī				
Calculate the institutionalized spouse's share of the total nonexempt income.							
1.	Total income of the institutionalized spouse	\$					
2.	Income to be allocated to the community spouse	\$ <u>-</u>					
3.	Income to be allocated to other family members	\$ <u>-</u>					
4.	Institutionalized spouse's share of total income	\$ <u> </u>					
SECTION	N VI - TOTAL ALLOCATION						
Based on the total allowance amount(s) which can be provided as indicated above, the couple's income will be allocated as follows:							
1.	Community spouse's share of total income	\$					
2.	Spouse in long term care share of total income	\$ <u>+</u>					
3.	Family member(s) share of total income	\$ <u>+</u>					
4.	Total income of couple(Should be same as Section I, Line C-4 above)	\$_=					
Person C	completing Form						
Signature)						
Date For	m Completed						