## KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES

## **INCOME ALLOWANCE DETERMINATION FORM**

Applicar	nt/Recipient Name								
Name o	f Spouse								
Case No	umber								
amount	of the community spous	mine the total amount of income receive se and/or family member income allowa e income below. (Attach additional shee	ince.						
SECTIO	N I – INCOME								
A. EARNED INCOME – List all earned income including self-employment income.									
1.	Source	Wage Earner	Monthly Gross (or Adjusted Gross for Self-employment)						
B. 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.									
	Source	Spouse(s) Receiving Income	Monthly Gross						
1									
2									
3.									
4.									
5.									
_									
7. <u> </u>									
8									

## **B. 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	\$_+					
4.	Total Income of Couple	\$ _ =					
thar SECTIO	tal income is less than or equal to \$1,992 go to Section III. If total incorn \$1,992 complete Section II first.    DN II - SHELTER EXPENSES						
1.	Rental Cost	\$					
2.	Mortgage Payment	\$					
3.	Property Taxes (if not included in item 2 above)	\$					
4.							
4.	Home Insurance (if not included in item 2 above)	\$ 					
<b>4</b> . 5.	Home Insurance (if not included in item 2 above)  Other (Condominium/Cooperative charges)						
		\$					
	Other (Condominium/Cooperative charges)	\$\$\$\$\$\$					

## SECTION III - COMMUNITY SPOUSE INCOME ALLOWANCE

The community spouse may retain up to \$1,992 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 \$2,981 per month.

Calculate the total amount of income which can be allocated to the community spouse.

	1.	\$1,992 minimum allowance	\$	
	2.	Total excess shelter (Line II-6)	\$	+
	3.	Total allowable community spouse allowance	\$	_=
	4.	Community spouse's gross income		
	5.	Net community spouse income allowance which can be provided		=
SEC	TIO	N IV – FAMILY INCOME ALLOWANCE		
\$1,9 famil siste List	92. ly mer of	louse in long term care as long as that member's gross monthly income the income is in excess of \$1,992 no income allowance can be presented in excess of \$1,992 no income allowance can be presented in defined as a minor or dependent child, dependent parent, deither spouse.  It is a specific to the income that is a specific to the income allowance can be presented in the income	ovide or de <sub>l</sub>	d to that member. A pendent brother or
Name		An	nount of oss Income	
_				
_				
_				
_				
	Tota	al Qualifying Members		

Page 4								
Calculate the total amount of income which can be allocated to each family member.								
1.	Monthly income allowance per family member		= 664					
2.	Number of qualifying family members	\$_	Х					
3.	Total family allowance which can be provided	\$_	+					
SECTION V – SHARE OF INCOME FOR SPOUSE IN LONG-TERM CARE								
Calculate the institutionalized spouse's share of the total non-exempt income.								
1.	Total income of the institutionalized spouse	\$_						
2.	Income to be allocated to the community spouse	\$	_					
3.	Income to be allocated to other family members	\$_	_					
4.	Institutionalized spouse's share of total income	\$_	=					
SECTION VI – TOTAL ALLOCATION								
	on the total allowance amount(s) which can be provided as indicated ab will be allocated as follows:	ove	, the couple's					
1.	Community spouse's share of total income	\$_						
2.	Spouse in long-term care share of total income	\$	+					

Family member(s) share of total income \$ \_\_\_\_\_\$

Total income of couple \_\_\_\_\_ \$ = \_\_\_\_ 
(Should be same as Section I, Line C-4 above)

Person Completing Form

Date Form Completed

3.

4.

Signature

Total income of couple