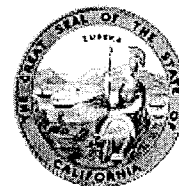


State of California—Health and Human Services Agency  
Department of Health Services



GRAY DAVIS  
Governor

California  
Department of  
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

July 2, 2003

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 03-36  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY HEALTH EXECUTIVES

SUBJECT: \$240 DEDUCTION FROM DISABILITY INCOME FOR APPLICANTS AND  
RECIPIENTS OF THE SECTION 1931(b) PROGRAM

This All County Welfare Directors Letter (ACWDL) provides additional instruction and clarification to ACWDL 02-44. ACWDL 02-44 implemented the \$240 disability income deduction for purposes of determining the income eligibility of individuals for the Section 1931(b) program under the "Alternative B" income test for the Section 1931(b) program. The deduction was effective November 1, 2002.

Under the \$240 disability income deduction policy, \$240 is deducted from the combined disability income of the Medi-Cal Family Budget Unit (MFBU) being evaluated for Section 1931(b) eligibility under the Alternative B test. For instructions on the application of this \$240 disability income deduction in the *Sneed* computations, see below. Unlike the \$240 deduction used in the Section 1931(b) Alternative A test, the \$240 disability income deduction in the Section 1931(b) Alternative B test (hereafter referred to as the Alternative B test) can only be deducted from disability income. For the definition of disability income, see below.

The Section 1931(b) Alternative B Test: This ACWDL provides clarification that the \$240 disability income deduction is applicable to any individual or family being evaluated for Section 1931(b) eligibility under the Alternative B test. Individuals or families being evaluated for eligibility for the Section 1931(b) program as **applicants** qualify only if they can "pass" the Alternative B test, which is commonly called the



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(916) 657-2941

Internet Address: [www.dhs.ca.gov](http://www.dhs.ca.gov)

Section 1931(b) "Applicant Test." However, as you know, individuals or families who are being evaluated for Section 1931(b) eligibility as **recipients** qualify if they can "pass" either the Alternative A test (commonly referred to as the Recipient Test) or the Alternative B test. This means that the \$240 disability income deduction discussed in ACWDL 02-44 and this ACWDL is applicable to recipients being evaluated for Section 1931(b) eligibility under the Section 1931(b) Alternative B test as well as to applicants.

Applicability of the "New" Section 1931(b) \$240 Disability Income Deduction in the Sneed Process: This ACWDL also clarifies the applicability of the \$240 disability income deduction when *Sneed* is applied. Consistent with the pre-existing *Sneed* rules regarding the historical or "old" \$240 deduction applied to recipients under the Section 1931(b) Alternative A test, each **individual** in a *Sneed* case (being evaluated under the Alternative B -applicant- test) will have the \$240 disability income deduction applied to his/her disability income, regardless of whether such individual is in a separate *Sneed* Mini-Budget Unit (MBU) or shares an MBU with other individuals.

Revised Definition Of Disability Income: This ACWDL expands the definition of public and private disability benefits that qualify as disability income and provides examples of the various kinds of qualifying public disability benefit payments. The definition below expands the definition of disability income in ACWDL 02-44.

Disability-Based Income (DBI): Certain kinds of unearned income are considered to be DBI and will receive special treatment under the Section 1931(b) program. For the Section 1931(b) program, the two types of unearned income which will be treated as DBI income are:

1. Public Disability Payments: Payments paid by a public entity under statute or other law which requires a finding of disability of an individual before such payment is authorized. Examples of such disability payments include disability disbursements from the Social Security Administration (Title II Social Security Disability Payments), Permanent Workers Compensation payments, Veterans Administration payments based on disability, and any disability-based Railroad Retirement benefits;
2. Private Disability Benefits: Payments paid by a private entity to an individual that are made due to his/her disability, and usually paid by the individual's insurer under a disability insurance plan which the individual, or third party, or both, purchased through premiums.

Two other kinds of income, Temporary Workers Compensation and State Disability Insurance payments, will be treated as earned, not disability-based, income for purposes of determining income eligibility for the Section 1931(b) program, pursuant to the mandates of the *Tinoco* and *Sawyer* lawsuits.

Revised Section 1931(b) Budget Form: A revised "Section 1931(b) Applicant and Recipient Budget Form" incorporating the \$240 disability income deduction accompanies this ACWDL. There are no changes to the "Section 1931(b) Recipient Budget Form."

Revised Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination and Mini Budget Unit Determination – Applicant Form (MC175-3I.2A): A revised camera-ready copy of the Section 1931(b) *Sneede* form, MC175-3I.2A, incorporating the \$240 disability income deduction is included with this letter. There will be no changes to the Recipient form (MC175-3I.2R) at this time.

If you have questions regarding this ACWDL, please contact Mr. Dave Rappolee at (916) 657-0163. If you have any questions regarding the MC175-3I.2A, please call Ms. Erin Lynch at (916) 654-5769.

ORIGINAL SIGNED BY

Beth Fife, Chief  
Medi-Cal Eligibility Branch

Enclosure

**SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR  
DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME  
ELIGIBILITY FOR APPLICANTS, AND FOR RECIPIENTS UNDER ALTERNATIVE B**

CASE NAME:				COUNTY DISTRICT:		COUNTY USE:	
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION				EFFECTIVE ELIG. DATE FOR THIS BUDGET: MONTH: _____ YEAR: _____			
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:		OTHER COVERAGE:			
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:					
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:					
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:					
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:					
1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE). *	TOTAL MFBU UNEARNED INCOME: \$ _____	UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + _____		UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + _____ UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + _____		
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):				
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____					
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____					
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	TOTAL MFBU DISABILITY-BASED INCOME: \$ _____	DBI OF MFBU MEMBER # ____ \$ _____ + _____ DBI OF MFBU MEMBER # ____ \$ _____ + _____		DBI OF MFBU MEMBER # ____ \$ _____ + _____ DBI OF MFBU MEMBER # ____ \$ _____ + _____		
6	\$240 DEDUCTION	- \$240					
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____					
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS: \$ _____	EARNINGS, MFBU MEMBER # ____ \$ _____ - \$90 WRK EXP DED = \$ _____	EARNINGS, MFBU MEMBER # ____ \$ _____ - \$90 WRK EXP DED = \$ _____	EARNINGS, MFBU MEMBER # ____ \$ _____ - \$90 WRK EXP DED = \$ _____	EARNINGS, MFBU MEMBER # ____ \$ _____ - \$90 WRK EXP DED = \$ _____	
9	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	\$ _____	13	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)		- \$ _____	
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = \$ _____	14	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)		+ \$ _____	
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (BOXES 4 + 7 + 10)	\$ _____	15	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR).		= \$ _____	
12	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- \$ _____	16	SEC. 1931 FPL INCOME LIMIT FOR FAMILY		\$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)	
IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.		<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.				
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:		COMPUTATION DATE:		COUNTY USE:	

**SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME  
AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A**

CASE NAME:				COUNTY DISTRICT:		COUNTY USE:	
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION				EFFECTIVE ELIG. DATE FOR THIS BUDGET; MONTH: _____ YEAR: _____			
NAME MFBU MEMBER #1:		NAME MFBU MEMBER #6:		OTHER COVERAGE:			
NAME MFBU MEMBER #2:		NAME MFBU MEMBER #7:					
NAME MFBU MEMBER #3:		NAME MFBU MEMBER #8:					
NAME MFBU MEMBER #4:		NAME MFBU MEMBER #9:					
NAME MFBU MEMBER #5:		NAME MFBU MEMBER #10:					

<b>1</b>	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME: \$ _____	UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + \$ _____ +		
			UNEARNED INCOME MFBU MEMBER # ____ \$ _____ + \$ _____ +		
<b>2</b>	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):		
<b>3</b>	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____			
<b>4</b>	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____			
<b>5</b>	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME \$ _____	DBI OF MFBU MEMBER # ____ \$ _____ + \$ _____ +		
			DBI OF MFBU MEMBER # ____ \$ _____ + \$ _____ +		
<b>6</b>	\$240 DEDUCTION	- \$240			
<b>7</b>	REMAINING NON-EXEMPT DISABILITY – BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____		7A UNUSED \$240 (LINE 6 – LINE 5, IF NEGATIVE ENTER 0)	BOX 7A \$ _____ (UNUSED \$240)
<b>8</b>	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS: \$ _____	EARNINGS OF MFBU MEMBER # ____ \$ _____		
<b>9</b>	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	- \$ _____	<b>14</b>	TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13)	\$ _____
<b>10</b>	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= \$ _____	<b>15</b>	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- \$ _____
<b>11</b>	50% DEDUCTION (DIVIDE AMOUNT IN LINE 10 BY 2)	= \$ _____	<b>16</b>	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)	- \$ _____
<b>12</b>	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	- \$ _____	<b>17</b>	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)	+ \$ _____
<b>13</b>	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____	<b>18</b>	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR)	= \$ _____
			<b>19</b>	SEC. 1931 <b>MBSAC</b> INCOME LIMIT FOR FAMILY	\$ _____
	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.		
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:	

## SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – APPLICANT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

**CASE TYPE: APPLICANT OR RECIPIENT USING FEDERAL POVERTY LEVEL (FPL) (ALTERNATIVE B)**

### PART 1

**NOTE:** The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
<b>Person Type</b>	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
<b>A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)</b>					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

\* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative.  Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.
Child/Spousal support and/or IKI computations:	

B. DISABILITY-BASED INCOME	Name	Name	Name	Name	Name
6. Source and amount of disability-based income.					
7. Section 1931(b) \$240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					

C. NONEXEMPT EARNED INCOME					
9. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
10. \$90 work expense deduction.					
11. Child care deduction.					
12. Other deductions.					
13. Total deductions (add lines 10, 11 and 12).					
14. Total net nonexempt earned income (subtract line 13 from line 9).					

D. TOTAL COUNTABLE INCOME					
15. Total countable nonexempt unearned income (line 5).					
16. Total countable disability-based income (line 8).					
17. Total countable nonexempt earned income (line 14).					
18. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
19. Total countable income (add lines 15, 16, 17 and 18).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
20. Court-ordered child support or alimony.					
21. Income used to determine PA eligibility (see MC 175-6, Section B).					
22. Other deductions:					
23. Total deductions (add lines 20, 21 and 22).					
24. Total net countable income (subtract line 23 from line 19). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
25. P/S own needs (use FPL for one person).					
26. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 18).					
27. Parent's total net nonexempt income (subtract line 26 from line 24).					
28. Parent's net nonexempt income less P/S own needs (subtract line 25 from line 27); if negative, enter 0.					
29. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
30. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
31. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B
32. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 28 by line 29 and enter in applicable box). Do not enter under Parent B if unmarried.					

33. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 28 by line 30 and enter in applicable box). Do not enter under Parent A if unmarried.					
34. Enter the lesser of either line 25 or 27.					
35. Parent's total net nonexempt income (add lines 26, 34 and 32 or 33).					
36. Child's total net nonexempt income (add lines 24, 32 and 33); enter in Part 2.					

## PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME	
<input type="checkbox"/> Section 1931(b) Income Test	<input type="checkbox"/> Section 1931(b) Property Determination
<p>Instructions:</p> <ol style="list-style-type: none"> <li>1. Include unborn in the mother's MBU and property limit/FPL income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.</li> <li>2. Do not include an excluded child.</li> <li>3. Do not list MBU members in more than one MBU.</li> <li>4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.</li> <li>5. Property determinations: enter the allocation for each spouse from MC 324, line 29.</li> <li>6. Enter each person's net nonexempt income from lines 35 or 36.</li> </ol>	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	



MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU	<input type="checkbox"/> Property Limit <input type="checkbox"/> FPL
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU	<input type="checkbox"/> Property Limit <input type="checkbox"/> FPL
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU	<input type="checkbox"/> Property Limit <input type="checkbox"/> FPL
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER _____	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU	<input type="checkbox"/> Property Limit <input type="checkbox"/> FPL
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	