EXHIBIT A

This exhibit provides a one-page "camera ready" version of the Section 1931 Applicant Program Budget Sheet and a one-page "camera ready" version of the Recipient Program Budget Sheet.

This version adds the deduction for allocations to excluded children to the work sheet.

SEC. 1931 **APPLICANT** PROGRAM BUDGET SHEET FOR DETERMINING **APPLICANT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

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 unearned income of each MFBU member, then total for MFBU (include non-exempt disability-based income here)	**Total MFBU Unearned Income** $ _____	Unearned income MFBU member #___ $_____ +	Unearned income MFBU member #___ $_____ +
			Unearned income MFBU member #___ $_____ +	Unearned income MFBU member #___ $_____
2	☐ Educational Expense (§ 50547)	- $_____	Exempt Income (List exempt income here):	
3	☐ $50 Support Received (§50554.5)	- $_____		
4	**Remaining non-exempt unearned income**	**Box 4** = $ _____		
5	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 = $_____
6	☐ Dependent Care Deduction (§ 50553.5)	- $_____	County Use	
7	**Remaining Non-exempt earned Income**	**Box 7** = $_____		
8	**Total Remaining Income: Non-exempt unearned income & Non-exempt earned income** (lines 4+7)	$ _____		
9	☐ Child/Spousal Support Pymts (§ 50554)	- $ _____		
10	☐ Allocation to excluded children (§ 50558)	- $ _____		
11	**Total MFBU Net-nonexempt Income** (rounded down to the nearest dollar)	= $ _____		
12	Sec. 1931 income limit for family	$ _____		
	If income from line 10 is less than limit from line 11, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Sec. 1931 under Sneede.	

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SEC. 1931 **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget:	Mo. / Yr.

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 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 #___ $_____ +
			Unearned income MFBU member #___ $_____ +	Unearned income MFBU member #___ $_____ +
2	☐ Educational Expenses (§ 50547)	- $ _____	Exempt Income (List exempt income here):	
3	☐ $50 Support Received (§ 50554.5)	- $ _____		
4	**Remaining non-exempt unearned income**	**Box 4** = $ _____		
5	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 #_____ $_____ +
			DBI of MFBU member #_____ $_____ +	DBI of MFBU member #_____ $_____
6	$240 deduction	- $240		
7	**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)	$_____ (Unused $240)
8	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 #____ $_____ +	Earnings of MFBU member #____ $_____

9	☐ Unused $240 deduction (from box 7a)	- $ _____	14	**Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income** (total from box 4, 7, & 13)	$ _____
10	**Remaining non-exempt earned income** (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= $ _____	15	☐ Child/Spousal Support Pymts (§ 50554)	- $_____
11	50% deduction (divide amount in line 10 by 2)	= $ _____	16	☐ Allocation to excluded children (Sec. 50558)	- $_____
12	☐ Dependent Care Deduction (§ 50553.5)	- $ _____	17	**Total MFBU Net-nonexempt income** (rounded down to the nearest dollar)	= $ _____
13	**Remaining Non-exempt earned income**	**Box 13** = $ _____	18	Sec. 1931 income limit for family	$ _____

If income from line 16 is less than limit from line 17, family is income eligible ☐ Eligible ☐ Not Eligible: if no Sneede-eligible class member, evaluate or other Medi-Cal programs; if Sneede- eligible class member, evaluate for Sec. 1931 under Sneede.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's Non-exempt earned income**	$_____	$_____	$_____	$_____
2	**Non-exempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 7a Recipient Budget Sheet [MC176M 1931 RECIP}; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining Non-exempt earned income of two highest earners** (if deduction exceeds earned income, enter "0.")	= $ _____			
5	**Non-exempt earned income of 3rd highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
8	**Non-exempt earned income of 4th highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
11	**Other remainder Non-exempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= $ _____			
12	**Non-exempt earned income Subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= $ _____			

EXHIBIT B

This exhibit provides an alternative "camera ready" version of the Section 1931 Applicant Program Budget Sheet and Recipient Program Budget Sheet. This version allows additional space for county use, and provides a review of the Educational Expense Deduction. In contrast to Recipient Budget Sheet in Exhibit A, the primary computations in the Recipient Budget Sheet in Exhibit B are contained in a single column. However, this requires extra space and so the Recipient Budget Sheet in Exhibit B is two pages. The Recipient Budget Sheet in Exhibit A is a one page form.

This version adds the deduction for allocations to excluded children to the work sheet.

State of California—Health And Human Services Agency

Department of Health Services

SEC. 1931 **APPLICANT** PROGRAM BUDGET SHEET FOR DETERMINING **APPLICANT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

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:	

County Use:

1	Enter unearned income of each MFBU member, then total for MFBU (include non-exempt disability-based income here)	**Total MFBU Unearned Income** $ _____	Unearned income MFBU member #___ $_____ + Unearned income MFBU member #___ $_____ +	Unearned income MFBU member #___ $_____ __ + Unearned income MFBU member #___ $_____
2	☐ Educational Expense (§ 50547)	- $_____		
3	☐ $50 Support Rec'vd (§ 50554.5)	- $_____		
4	**Remaining non-exempt unearned income**	**Box 4** = $ _____		

*Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)

5	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 = $_____

6	☐ Dependent Care Deduction (§ 50553.5)	- $_____
7	**Remaining Non-exempt earned Income**	**Box 7** = $_____
8	**Total Remaining Income: Non-exempt unearned income & Non-exempt earned income** (lines 4+7)	$ _____
9	☐ Child/Spousal Support Pymts (§ 50554)	- $ _____
10	☐ Allocation to excluded children (§ 50558)	- $ _____
11	**Total MFBU Net-nonexempt Income** (rounded down to the nearest dollar)	= $ _____

Exempt Income (List exempt income here):

12	Sec. 1931 income limit for family	$ _____	
	If income from line 10 is less than limit from line 11, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Sec. 1931 under Sneede.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

State of California—Health And Human Services Agency

Department of Health Services

SEC. 1931 **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

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:	

County Use

1	Identify enter unearned income of each MFBU member, then total for MFBU (do not include non-exempt disability-based income here)	**Total MFBU Earnings** $ _____	Earnings MFBU member #___ $_____ +	Earnings MFBU member #___ $_____ +
			Earnings MFBU member #___ $-_____ +	Earnings MFBU member #___ $_____ +
2	☐ Educational Expenses (§ 50547)*	- $ _____	*Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)	
3	☐ $50 Support Received (§ 50554.5)	- $ _____		
4	**Remaining non-exempt unearned income**	**Box 4** = $ _____		
5	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 #___ $_____ +
			DBI of MFBU member #___ $_____ +	DBI of MFBU member #___ $_____ +
6	$240 deduction	- $240		
7	**Remaining Non-exempt disability-based income** (if deduction exceeds disability based income, enter "0".)	**Box 7** = $ _____ (Diability-based income)	7a **Unused $240** (line 6-line 5; if negative enter 0)	$_____ (Unused $240)
8	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 #___ $_____ +	Earnings of MFBU member #___ $_____
9	☐ Unused $240 deduction (from box 7a)	- $ _____		
10	**Remaining non-exempt earned income** (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= $ _____		
11	50% deduction (divide amount in line 10 by 2)	= $ _____		
12	☐ Dependent Care Deduction (§ 50553.5)	- $ _____		
13	**Remaining Non-exempt earned income**	**Box 13** = $ _____		

14	**Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income**(total from box 4, 7, & 13)	$ _____	Exempt Income (List exempt received here):
15	☐ Child/Spousal Support Pymts Deduction (§ 50554)	- $ _____	
16	☐ Allocation to excluded children (§ 50558)	- $ _____	
17	**Total MFBU Net-nonexempt Income** (rounded down to the nearest dollar)	= $ _____	
18	Sec. 1931 income limit for family	$ _____	
	If income from line 16 is less than limit from line 17, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate or other Medi-Cal programs; if Sneede- eligible class member, evaluate for Sec. 1931 under Sneede.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's Non-exempt earned income**	$_____	$_____	$_____	$_____
2	**Non-exempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 7a, Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining Non-exempt earned income of two highest earners** (if deduction exceeds earned income, enter "0.")	= $ _____			
5	**Non-exempt earned income of 3rd highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
8	**Non-exempt earned income of 4th highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
11	**Other remainder Non-exempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= $ _____			
12	**Non-exempt earned income Subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= $ _____			

EXHIBIT C

This exhibit provides an alternative "camera ready" version of the Section 1931 Applicant Program Budget Sheet and a "camera ready" version of the Recipient Program Budget Sheet. This version is very similar to the Section 1931 Program Income Budget Sheets that accompanied Attachment 1 to ACWDL 98-43. A review of the Educational Expense deduction is provided in the budget sheet, and a box (9a) has been added for computation of the "unused" $240 deduction. The box for listing exempt income has been moved.

This version adds the deduction for allocations to excluded children to the work sheet.

SEC. 1931 **APPLICANT** PROGRAM BUDGET SHEET FOR DETERMINING **APPLICANT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

State Number					Name	Birth Date	Sex	SSN & Hlth Ins Claim No. Or RR No.	Other Coverage
Co.	Aid	7 digit serial no.	MFBU	Pers. No.					
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	

County Use:

	APPLICANTS/NEW CASES	Name:	Name:	Name:	Name:
1	Non-exempt unearned income (include non-exempt disability-based income here)	$ _____ +	$ _____ +	$ _____ +	$ _____
2	**Total non-exempt unearned income of MFBU**	=$_____			
3	☐ Educational Expense (§ 50547)	- $_____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)		
4	☐ $50 Support Recv'd (§ 50554.5)	- $_____			
5	**Remaining non-exempt unearned income**	= $ _____			
6	**Non-exempt earned income**	$ _____	$ _____	$ _____	$ _____
7	$90 Work Expense Deduction	- $90	- $90	- $90	- $90
8	Remaining non-exempt earned income of each family member (enter 0 if negative amount)	=$_____	=$_____	=$_____	=$_____
9	Subtotal of family's remaining non-exempt earned income (add columns in row 8)	= $_____			

10	☐ Dependent Care Deduction (§ 50553.5)	- $_____	Exempt Income (List exempt income here):
11	**Remaining Non-exempt earned Income**	= $_____	
12	**Total Remaining Income: Non-exempt unearned income & Non-exempt earned income** (lines 5+11)	$ _____	
13	☐ Child/Spousal Support Pymts (§ 50554)	- $ _____	
14	☐ Allocation to excluded children (§ 50558)	- $ _____	
15	**Total MFBU Net-nonexempt Income** (rounded down to the nearest dollar)	= $ _____	
16	Sec. 1931 income limit for family	$ _____	
	If income from line 14 is less than limit from line 15, family is income eligible	☐ Eligible	☐ Not Eligible: if no Sneede-eligible class member, evaluate for other Medi-Cal programs; if Sneede- eligible class member, evaluate for Sec. 1931 under Sneede.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SEC. 1931 **RECIPIENT** PROGRAM BUDGET SHEET FOR DETERMINING **RECIPIENT** NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY

Case Name	County District	County Use
☐ New App. ☐ Redetermination ☐ Change ☐ Retro Elig. ☐Correction	Effective Elig. Date for this budget: Mo. Yr.	

State Number					Name	Birth Date	Sex	SSN & Hlth Ins Claim No. Or RR No.	Other Coverage
Co.	Aid	7 digit serial no.	MFBU	Pers. No.					
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	
								(1) ..... (2)	

	RECIPIENTS/CONTINUING CASES	Name:	Name:	Name:	Name:
1	Non-exempt unearned income (do not include non-exempt disability-based income here)	$ _____ +	$ _____ +	$ _____ +	$ _____
2	**Total non-exempt unearned income of MFBU**	=$ _____			
3	☐ Educational Expenses (§ 50547)	- $ _____	Educational Expense Deduction: Deduct educational expenses, but not to exceed income intended for educational purposes (see Sec. 50547)		
4	☐ $50 Support Received Deduction (§50554.5)	- $ _____			
5	**Remaining non-exempt unearned income**	= $ _____			
6	**Non-exempt disability-based income**	$ _____ +	$ _____ +	$ _____ +	$ _____
7	**Total non-exempt disability-based income of MFBU** (total of amounts in each column in line 6)	= $ _____			
8	$240 deduction	- $240			
9	**Remaining Non-exempt disability-based income** (if deduction exceeds disability based income, enter "0".)	= $ _____ (Disability-based income)		9a **Unused $240** (line 8-line 7; if negative enter 0)	$ _____ (Unused $240)

10	**Non-exempt earned income** (if 3 or more persons with earnings, skip lines 10 thru 12 and proceed to worksheet for 3+ earners)	$ _____ +	$ _____		
11	**Total non-exempt earned income of MFBU** (total of amounts in each column of line 10)	= $ _____			
12	☐ Unused $240 deduction (from box 9a)	- $ _____			
13	**Remaining non-exempt earned income** (or from line 12 worksheet); if deduction exceeds earned income, enter "0."	= $ _____			
14	50% deduction (divide amount in line 13 by 2)	= $ _____			
15	☐ Dependent Care Deduction (§ 50553.5)	- $ _____			
16	**Remaining Non-exempt earned income**	= $ _____			
17	**Total Remaining Non-exempt unearned income, Non-exempt disability-based income & Non-exempt earned income**(total of columns from lines 5, 9, & 16)	$ _____	Exempt Income (List exempt income here):		
18	☐ Child/Spousal Support Pymts Deduction (§ 50554)	- $ _____			
19	☐ Allocation to excluded children (§ 50558)	- $ _____			
19	**Total MFBU Net-nonexempt Income** (rounded down to the nearest dollar)	= $ _____			
20	Sec. 1931 income limit for family	$ _____			
	If income from line 19 is less than limit from line 20, family is income eligible	☐ Eligible	☐ Not Eligible		

Eligibility Worker Signature	Worker Number	Computation Date	County Use

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO **RECIPIENT** FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's Non-exempt earned income**	$_____	$_____	$_____	$_____
2	**Non-exempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 9a, Recipient Budget Sheet [MC176M 1931 RECIP}; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining Non-exempt earned income of two highest earners** (if deduction exceeds earned income, enter "0.")	= $ _____			
5	**Non-exempt earned income of 3rd highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
8	**Non-exempt earned income of 4th highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
11	**Other remainder Non-exempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= $ _____			
12	**Non-exempt earned income Subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 13)	= $ _____			

EXHIBIT D

This Exhibit contains the a "camera ready" copy of the chart showing the revised Sneede v Kizer Prorated Income Standard and Property Levels. This revised chart shows reflects the increases to the Section 1931 income limits effective July 1, 1999.

Section 1931(b) Determinations: Sneede v. Kizer
Prorated Income Standard and Property Levels
- July 1, 1999 -

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	$390	$3,000
Single Parent with Unborn	639	3,000
Married Couple -Two Adults	639	3,000
Married Couple with Unborn	793	3,150
Unmarried Couple - Each Unmarried Partner	390	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative, or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	$ 320	$1,500	$ 265	$1,050
2	529	2,100	471	1,650
3	707	2,475	645	2,070
4	860	2,760	806	2,400
5	1,007	3,000	948	2,679
6	1,138	3,215	1,084	2,925
7	1,265	3,413	1,219	3,150
8	1,393	3,600	1,361	3,360
9	1,531	3,780	1,404	3,437
10*	1,560	3,819	1,441	3,500

***NOTE:** Add $14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$