CPD Income Eligibility Calculator Demo Screenshots, November 15, 2012

The purpose of this document is to demonstrate the individual pages of the CPD Income Eligibility Calculator based upon a series of sample households and by type of income definition (e.g., Part 5, American Community Survey (ACS) and IRS 1040 Adjusted Income). These calculations demonstrate the input fields as well as the screens those who will use the calculator will see and may be handy for users of the calculator to review prior to initial input into the calculator, or as a follow-along document when being trained on the Income Calculator. The following calculations are provided as samples:

- HOME Annual Income Calculation, Part 5
- HOME Adjusted Income Calculation
- HOME Rental Assistance Income Calculation
- CDBG Annual Income Calculation, ACS
- NSP Annual Income Calculation, IRS 1040

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Registration/Log-In





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■ CPD Income Eligibility Calculator

Welcome to CPD's Income Eligibility Calculator, an interactive tool that makes determining the income eligibility and assistance amounts for beneficiaries of CPD programs as easy as 1-2-3. Simply enter the requested data and this calculator will work behind the scenes to generate a summary of results for each beneficiary. You should then print out the summary and include it as part of the beneficiary's file.

The calculator currently performs income eligibility and assistance amount calculations for the following HUD CPD programs:

- · Brownfield Economic Development Initiative (BEDI)
- · Community Development Block Grant Program (CDBG)
- · CDBG Disaster Recovery Assistance
- · HOME Investment Partnerships Program (HOME)
- · Housing Opportunities for Persons with AIDS (HOPWA)
- · Neighborhood Stabilization Program (NSP)
- · Section 108 Loan Guarantee Program
- Self-Help Homeownership Opportunity (SHOP)

PLEASE ALLOW AT LEAST 15 MINUTES TO COMPLETE EACH APPLICANT'S CALCULATION

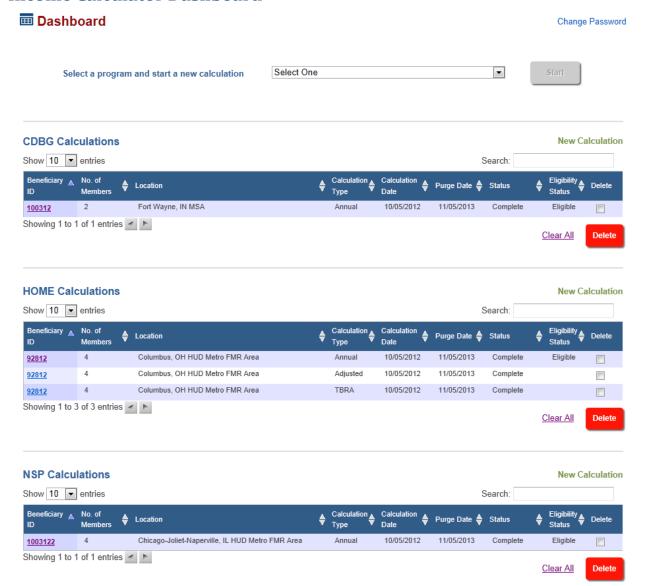
Already Registered?

Sign in now and complete a previous calculation or start a new one.

Need to Register for the CPD Income Eligibility Calculator?

By registering with onecpd.info you agree to our liability and privacy policy.

Income Calculator Dashboard



HOME Income Calculation - Annual Income

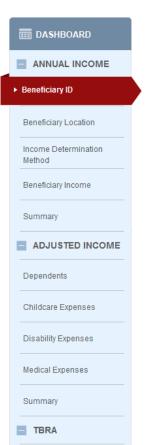
Beneficiary ID - Screen 1: Beneficiary ID and Number of HH Members

₱ Beneficiary ID: 92812 **HOME Annual Income Calculation** The CPD Income Eligibility Calculator asks for a "Beneficiary ID" instead of a "Last Name" to help protect the privacy of m DASHBOARD applicants to CPD programs. The Beneficiary ID you enter should be unique, will be included on the Calculator screens and printouts, and will be the key data element necessary to later find, complete, and/or edit the income determination performed for that beneficiary within the Calculator. DO NOT use any personal information to create a Beneficiary ANNUAL INCOME ID, including but not limited to names, social security numbers, or addresses. ► Beneficiary ID Each user is responsible for designing their own method for creating Beneficiary IDs, as well maintaining and adequately protecting their own auditable records which associate each Beneficiary ID with the individual, family, or household whose income was determined (as appropriate and/or required under the rules of each CPD program.) Beneficiary Location Printouts from the Calculator for all programs except HOPWA will include both the Beneficiary ID and a blank space in which the Last Name of the associated individual, family, or household can be written or otherwise inserted. Income Determination Method Beneficiary ID: 92812 Beneficiary Income Number of household members: 4 Note: If you need to change the number of household members, or change the Beneficiary ID, you will need to either Summary delete this calculation or create a new calculation, on the Dashboard, with a different Beneficiary ID. ADJUSTED INCOME

Beneficiary ID -Screen 2: HH Member Info

HOME Annual Income Calculation

₱ Beneficiary ID: 92812



Approved Rent/ Utility

The CPD Income Eligibility Calculator asks for "Member IDs" instead of "First Names" to help protect the privacy of applicants to CPD programs. Each Member ID you enter should be unique to an individual within the family or household associated with this Beneficiary ID. Printouts from the Calculator for all programs except HOPWA will include the Member IDs entered here along with a blank space in which the First Name of the associated individual can be written or otherwise inserted. DO NOT use any personal information to create Member ID(s), including but not limited to names, social security numbers, or addresses.

Each user is responsible for designing their own method for creating Member IDs, as well maintaining and adequately protecting their own auditable records which connect Member IDs to the associated individuals within the family or household whose income was determined (as appropriate and/or required under the rules of each CPD program.)

Income determinations are based on the gross income anticipated by all adults in the household in the next 12 months.

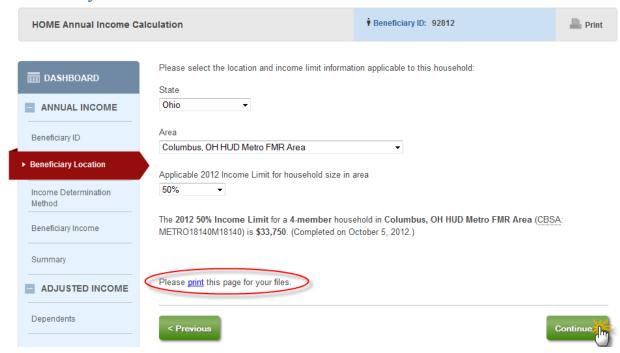
Please enter a Member ID for each member of the 92812 household and check ALL of the boxes that apply for each member. Please note, you will not be able to continue until all Beneficiary Member IDs are populated.

	#1	#2	#3	#4
Beneficiary Member ID	HH1	HH2	НН3	HH4
This member is a child age 18 or UNDER			V	V
This member is a fulltime student OVER the age of 18 years				
This member is 62 years of age or older				
This member is a person (of any age) with disabilities				
This member is the head of household	V			
This member is the co-head of household		V		

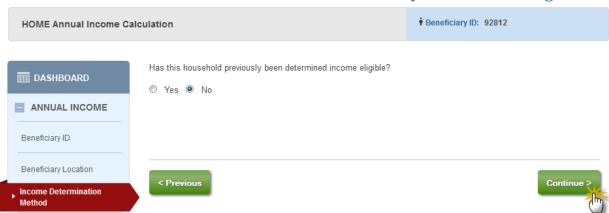
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Beneficiary Location



Income Determination Method - Screen 1: Previously Determined Eligible



Income Determination Method - Screen 2: Type of Assistance

HOME Annual Income Calculation

What type of HOME assistance is being provided to this household? m DASHBOARD Homeowner Rehabilitation Homebuyer ANNUAL INCOME Rental* Tenant-based Rental Assistance* Beneficiary ID * IMPORTANT REMINDER: During an annual income RECERTIFICATION of a family residing in HOME-assisted Beneficiary Location rental housing, or receiving HOME tenant-based rental assistance, it is necessary to manually exclude from annual income certain increases in the income of a disabled family member. These exclusions apply to annual Income Determination income increases resulting from the following: Method ▶ Employment of a family member who is a person with disabilities and who was previously unemployed for Beneficiary Income one or more years prior to employment; Increased earnings by a family member who is a person with disabilities during participation in any Summary economic self-sufficiency or other job training program; or ADJUSTED INCOME New employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any state program for families Dependents funded under Part A of Title IV of the Social Security Act, as determined by the responsible entity in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work (WTW) programs. The TANF program is not limited to monthly income maintenance, but Childcare Expenses also includes such benefits and services as one-time payments, wage subsidies and transportation assistance--provided that the total amount over a six-month period is at least \$500. Disability Expenses These exclusions from annual income are of limited duration. The full amount of increase to a qualified family's annual income is excluded for the cumulative 12-month period beginning on the date the disabled family member is first Medical Expenses employed or the family first experiences an increase in annual income attributable to the employment. During the second cumulative 12-month period, the PJ is required to exclude from annual income 50 percent of any increase in Summary income. The disallowance of increased income of an individual family member who is a person with disabilities is limited to a lifetime 48-month period. TBRA Approved Rent/ Utility

₱ Beneficiary ID: 92812

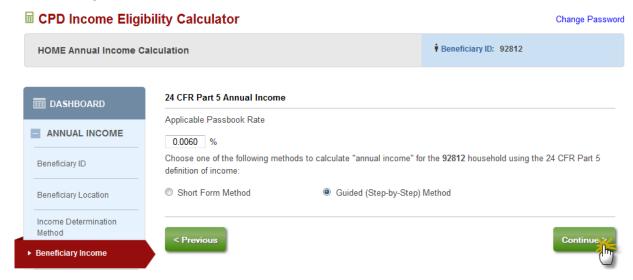
Income Determination Method - Screen 3: LIHTC

	HOME Annual Income Ca	lculation	₱ Beneficiary ID: 92812
	m DASHBOARD	Examine source documentation of income for all members of this ho	
	ANNUAL INCOME	Yes No	
	Beneficiary ID Beneficiary Location		
1	Income Determination Method	< Previous	Continue >

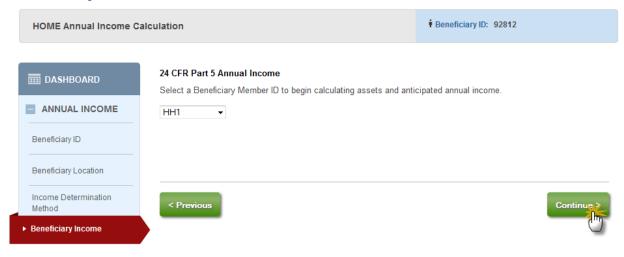
Beneficiary Income - Screen 1: Income Definition

HOME Annual Income Calculation You may choose one of the following definitions of income to use when calculating "annual income" for the 92812 household: ANNUAL INCOME Beneficiary ID Beneficiary Location Income Determination Method Previous Change Password Fig. Beneficiary ID: 92812 You may choose one of the following definitions of income to use when calculating "annual income" for the 92812 household: Previous Continue Continue Continue Continue Previous

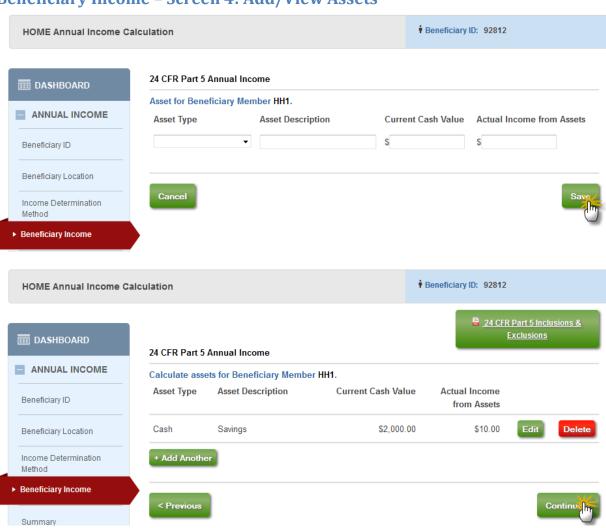
Beneficiary Income - Screen 2: Calculation Method



Beneficiary Income - Screen 3: Select HH Member



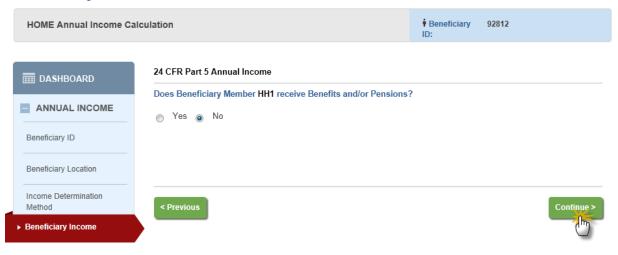
Beneficiary Income - Screen 4: Add/View Assets



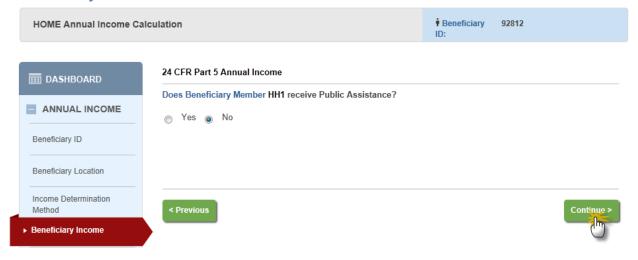
Beneficiary Income - Screen 5: Job and Wages

HOME Annual Income Cal	culation	₱ Beneficiary 92812 ID:		
☐ DASHBOARD	24 CFR Part 5 Annual Income			
Calculate wages, overtime, bonuses, and benefits for Beneficiary Member ID: HH1 Add a job for this member? Yes No				
Beneficiary ID	Description			
Beneficiary Location				
Income Determination Method	Wages/Salaries Mourly Annual			
► Beneficiary Income				
Summary	Overtime/Bonuses Total Overtime/Bonus Pay, Month 1	Total Overtime/Bonus Pay, Month 7		
ADJUSTED INCOME	\$	\$		
Dependents	Total Overtime/Bonus Pay, Month 2	Total Overtime/Bonus Pay, Month 8		
Childcare Expenses	\$	\$		
Disability Expenses	Total Overtime/Bonus Pay, Month 3	Total Overtime/Bonus Pay, Month 9		
Medical Expenses	Total Overtime/Bonus Pay, Month 4	Total Overtime/Bonus Pay, Month 10		
Summary	\$	\$		
■ TBRA	Total Overtime/Bonus Pay, Month 5	Total Overtime/Bonus Pay, Month 11		
Approved Rent/ Utility	\$Total Overtime/Bonus Pay, Month 6	\$ Total Overtime/Bonus Pay, Month 12		
Rental Model	\$	\$		
Rent Standard	Raises			
Welfare Rent		ints must be accounted for. In addition to base salary, this will include OLAs). Use the data entry fields below to enter information about any		
Summary	anticipated increase in annual income the appl hourly wage or annual salary and/or an annual	icant will experience over the next 12 months due to a raise in his or her COLA.		
	Check if member anticipates a raise or	COLA increase.		
	< Previous	Save Continue >		

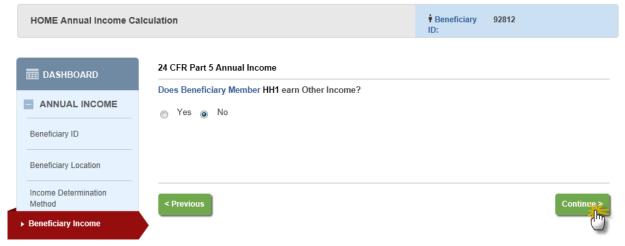
Beneficiary Income - Screen 6: Benefits and Pensions



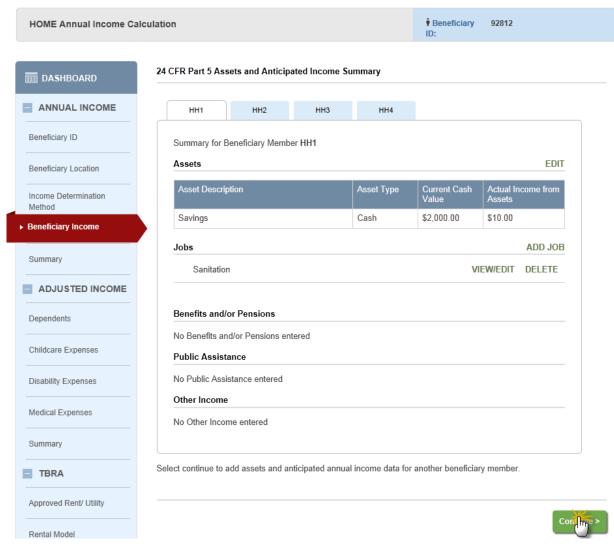
Beneficiary Income - Screen 7: Public Assistance



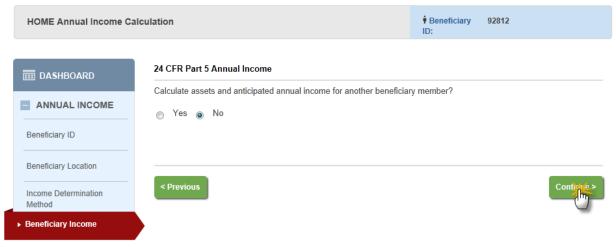
Beneficiary Income - Screen 8: Other Income



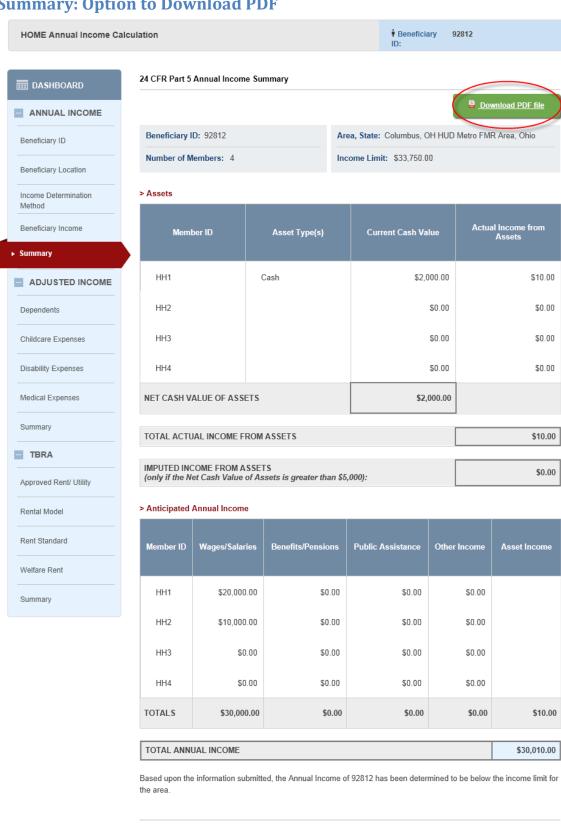
Beneficiary Income - Screen 9: HH Member Summaries



Beneficiary Income - Screen 10: Add Info for Other HH Members



Summary: Option to Download PDF



Sample PDF Summary Form for Records

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

24 CFR PART 5 ANNUAL INCOME CALCULATION Completed on 10/05/2012

1. Last Name:			2. Beneficiary ID:		92812	
3. Number of Men	3. Number of Members: 4 4. Area/State: Columbus, OH HUD Metro FMR Area, Ohio 5. 2012 Income Limit		: \$33,750.00			
			ASSETS			
First Names	Member IDs	Asset Descript	ion		Current Cash Value of Assets	Actual Income from Assets
	нн1	Cash			\$2,000.00	\$10.00
	HH2				\$0.00	\$0.00
	ннз				\$0.00	\$0.00
	HH4				\$0.00	\$0.00
6. Net Cash Value	of Assets	 			6. \$2,000.00	
7. Total Actual Income from Assets					7. \$10.00	
8. Imputed Income from Assets (only if the Net Cash Value of Assets is greater than \$5,000):					8. \$0.00	

Page 1 of 3

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

24 CFR PART 5 ANNUAL INCOME CALCULATION Completed on 10/05/2012

ANTICIPATED ANNUAL INCOME							
First Names	Member IDs	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. As Inco	
	HH1	\$20,000.00	\$0.00	\$0.00	\$0.00		
	HH2	\$10,000.00	\$0.00	\$0.00	\$0.00		
	ннз	\$0.00	\$0.00	\$0.00	\$0.00		
	HH4	\$0.00	\$0.00	\$0.00	\$0.00		
9. Totals		a. \$30,000.00	b. \$0.00	с. \$0.00	d. \$0.00	e.	\$10.0
10. Enter total of items	from 9a through	9e. This is Ann	ual Income.			10.	\$30,010.0

Based upon the information submitted, the Annual Income of ____92812 ___ has been determined to be ___below__ the income limit for this area.

COMPLETE SIGNATURES ON NEXT PAGE

Page 2 of 3

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

24 CFR PART 5 ANNUAL INCOME CALCULATION Completed on 10/05/2012

Beneficiary ID: 92812

HEAD OF HOUSEHOLD				
Signature	Printed Name	Date		
	OTHER BENEFICIARY ADULTS*			
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
5:	B			
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		
Signature	Printed Name	Date		

Signature

PREPARER			
Signature	Printed Name	Date	

Date

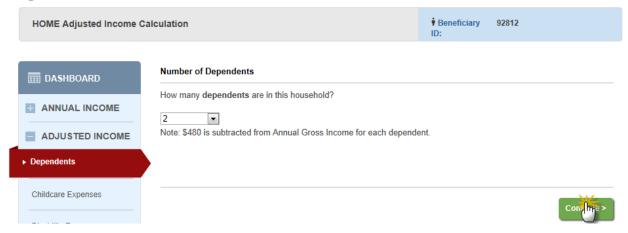
Printed Name

Page 3 of 3

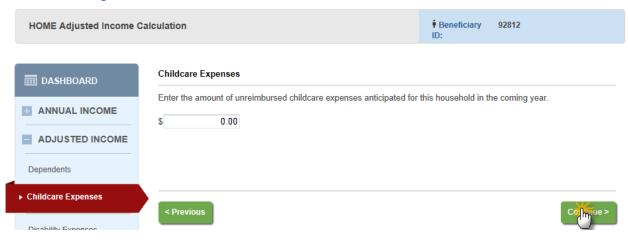
^{*} Attach another copy of this page if additional signature lines are required.

HOME Income Calculation - Adjusted Income

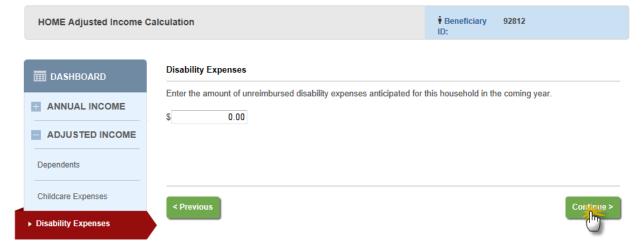
Dependents



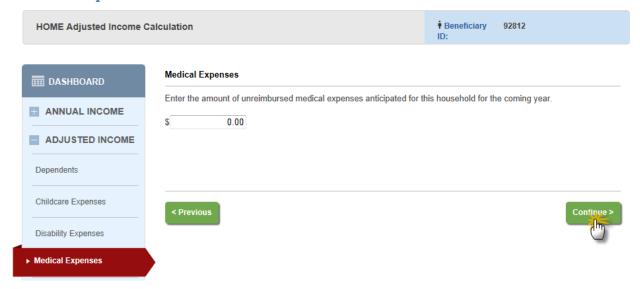
Childcare Expenses



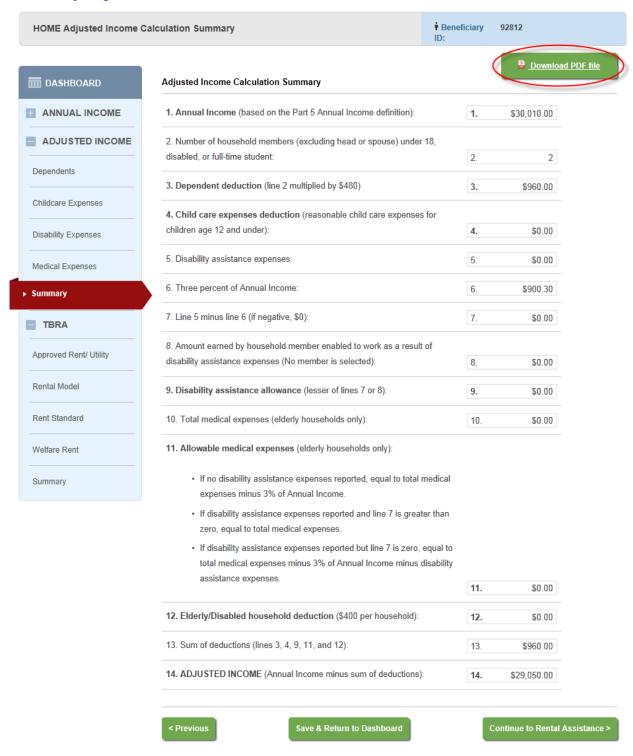
Disability Expenses



Medical Expenses



Summary: Option to Download PDF



Sample PDF Summary Form for Records

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

ADJUSTED INCOME CALCULATION Completed on 10/05/2012

Completed on 10/05/2012	
1. Annual Income (based on the {24 CFR Part 5/IRS 1040/ACS} definition):	1. \$30,010.00
2. Number of household members (excluding head or spouse) under 18, disabled, or full-time student:	2. 2
3. Dependent deduction (line 2 multiplied by \$480):	3. \$960.00
4. Child care expenses deduction (reasonable child care expenses for children age 12 and under):	4. \$0.00
5. Disability assistance expenses:	5. \$0.00
6. Three percent of Annual Income:	6. \$900.30
7. Line 5 minus line 6 (if negative, \$0):	7. \$0.00
 Amount earned by household member enabled to work as a result of disability assistance expenses (No member is selected): 	8. \$0.00
9. Disability assistance allowance (lesser of lines 7 or 8):	9. \$0.00
10. Total medical expenses (elderly households only):	10. \$0.00
11. Allowable medical expenses (elderly households only): If no disability assistance expenses reported, equal to total medical expenses minus 3% of Annual Income. If disability assistance expenses reported and line 7 is greater than zero, equal to total medical expenses. If disability assistance expenses reported but line 7 is zero, equal to total medical expenses minus 3% of Annual Income minus disability assistance expenses.	11. \$0.00
12. Elderly/Disabled household deduction (\$400 per household):	12. \$0.00
13. Sum of deductions (lines 3, 4, 9, 11, and 12):	13. \$980.00
14. ADJUSTED INCOME (Annual Income minus sum of deductions):	14. \$29,050.00

COMPLETE SIGNATURES ON SECOND PAGE

Page 1 of 2

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

ADJUSTED INCOME CALCULATION Completed on 10/05/2012

Beneficiary ID: 92812

HEAD OF HOUSEHOLD					
Signature	Printed Name	Date			
	OTHER BENEFICIARY ADULTS*				
F:	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
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PREPARER					

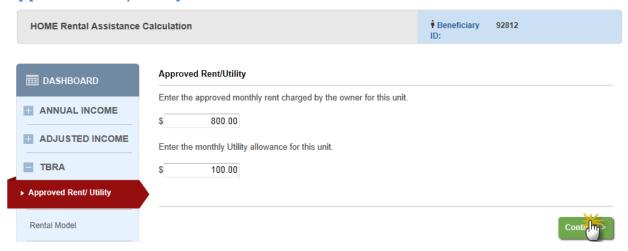
Printed Name

Date

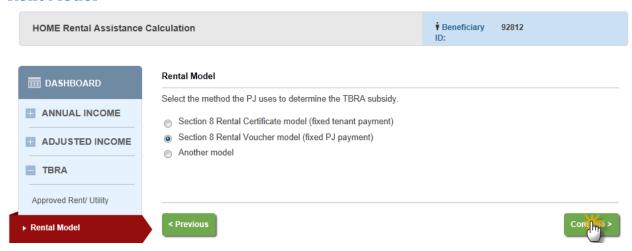
Signature

HOME Income Calculation - Rental Assistance

Approved Rent/Utility



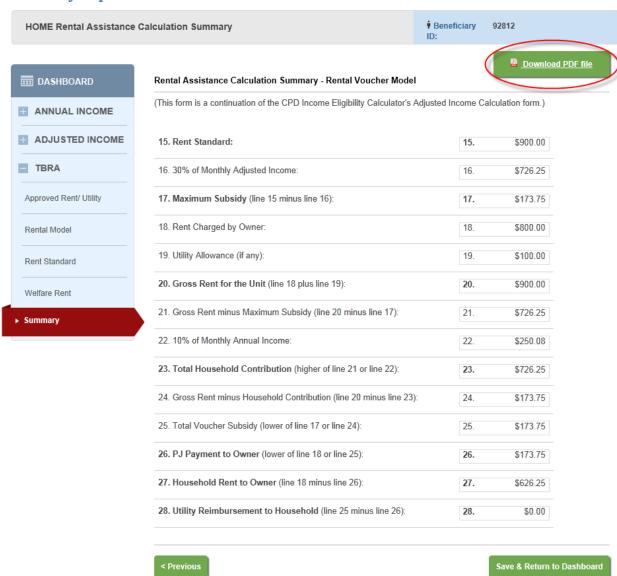
Rent Model



Rent Standard



Summary: Option to Download PDF



Sample PDF Summary Form for Records

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

RENTAL ASSISTANCE CALCULATION – RENTAL VOUCHER MODEL Completed on 10/08/2012

(This form is a continuation of the CPD Income Eligibility Calculator's Adjusted Income Calculation form.)

15. Rent Standard:	15.	\$900.00
16. 30% of Monthly Adjusted Income:	16.	\$726.25
17. Maximum Subsidy (line 15 minus line 16):	17.	\$173.75
18. Rent Charged by Owner:	18.	\$800.00
19. Utility Allowance (if any):	19.	\$100.00
20. Gross Rent for the Unit (line 18 plus line 19):	20.	\$900.00
21. Gross Rent minus Maximum Subsidy (line 20 minus line 17):	21.	\$726.25
22. 10% of Monthly Annual Income:	22.	\$250.08
23. Total Household Contribution (higher of line 21 or line 22):	23.	\$726.25
24. Gross Rent minus Household Contribution (line 20 minus line 23):	24.	\$173.75
25. Total Voucher Subsidy (lower of line 17 or line 24):	25.	\$173.75
26. PJ Payment to Owner (lower of line 18 or line 25):	26.	\$173.75
27. Household Rent to Owner (line 18 minus line 26):	27.	\$626.25
28. Utility Reimbursement to Household (line 25 minus line 26):	28.	\$0.00

COMPLETE SIGNATURES ON SECOND PAGE

Page 1 of 2

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

RENTAL ASSISTANCE CALCULATION – RENTAL VOUCHER MODEL Completed on 10/08/2012

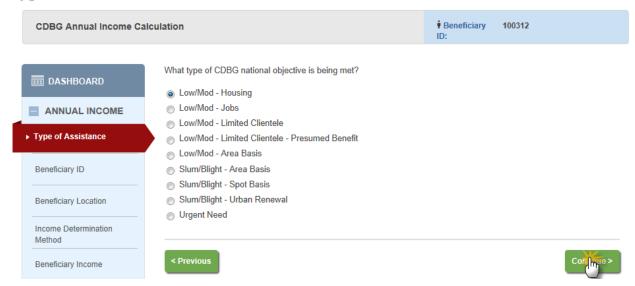
Beneficiary ID: 92812

beneficiary ID: 92012					
HEAD OF HOUSEHOLD					
Signature	Printed Name	Date			
•		•			
	OTHER BENEFICIARY ADULTS*				
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
Signature	Printed Name	Date			
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PREPARER					
Signature	Printed Name	Date			
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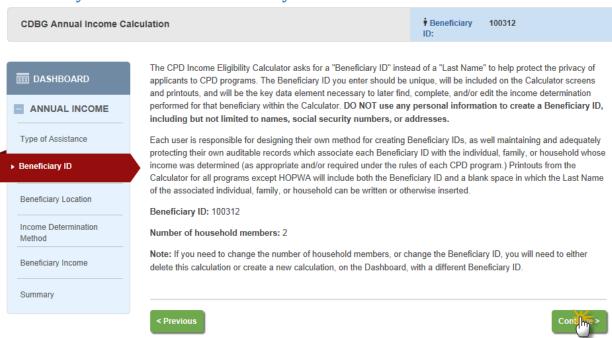
Page 2 of 2

CDBG Income Calculation - Annual Income

Type of Assistance



Beneficiary ID - Screen 1: Beneficiary ID and Number of HH Members



Beneficiary ID - Screen 2: HH Member Info



• Beneficiary 100312 ID:

The CPD Income Eligibility Calculator asks for "Member IDs" instead of "First Names" to help protect the privacy of applicants to CPD programs. Each Member ID you enter should be unique to an individual within the family or household associated with this Beneficiary ID. Printouts from the Calculator for all programs except HOPWA will include the Member IDs entered here along with a blank space in which the First Name of the associated individual can be written or otherwise inserted. DO NOT use any personal information to create Member ID(s), including but not limited to names, social security numbers, or addresses.

Each user is responsible for designing their own method for creating Member IDs, as well maintaining and adequately protecting their own auditable records which connect Member IDs to the associated individuals within the family or household whose income was determined (as appropriate and/or required under the rules of each CPD program.)

Income determinations are based on the gross income anticipated by all adults in the family or household in the next 12 months.

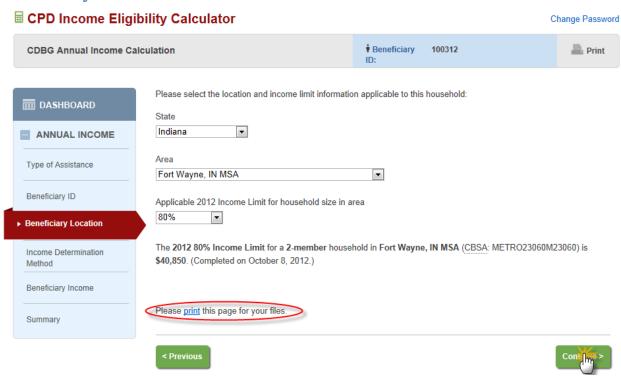
Please enter a Member ID for each member of the 100312 household and check ALL of the boxes that apply for each member. Please note, you will not be able to continue until all Beneficiary Member IDs are populated.

	#1	#2
Beneficiary Member ID	HH1	HH2
This member is a minor under the age of 15 years		
This member is a child age 18 or UNDER		
This member is a fulltime student OVER the age of 18 years		
This member is 62 years of age or older	V	V
This member is a person (of any age) with disabilities		
This member is the head of household	V	
This member is the co-head of household		V

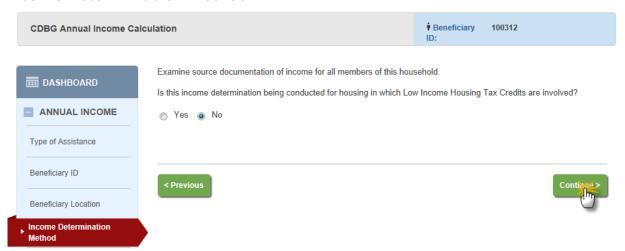
< Previous



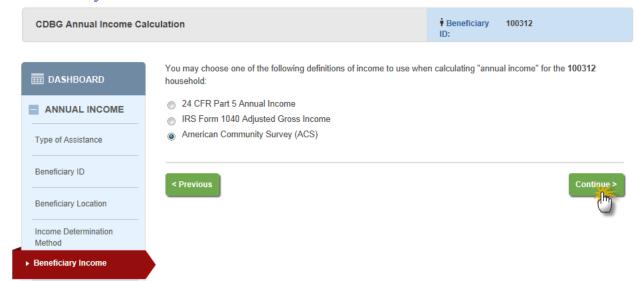
Beneficiary Location



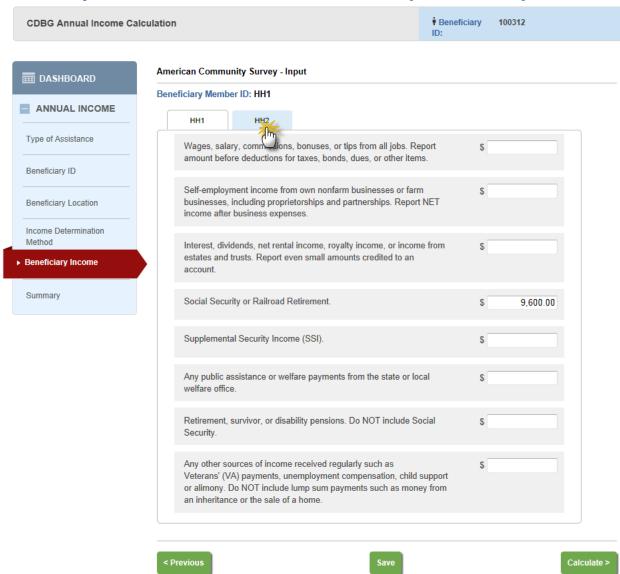
Income Determination Method



Beneficiary Income - Screen 1: Income Definition

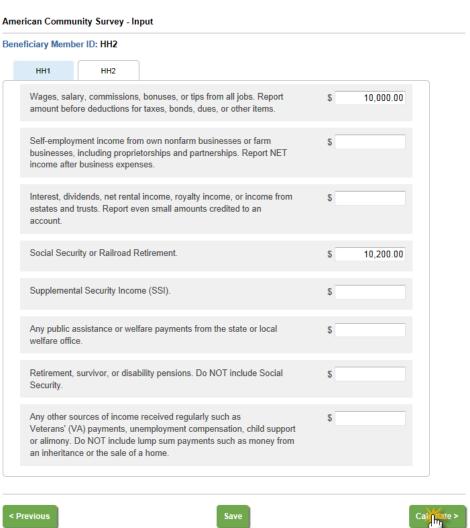


Beneficiary Income - Screen 2: Calculation Method (HH1 and HH2)



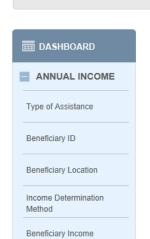






Summary: Option to Download PDF

CDBG Annual Income Calculation † Beneficiary 100312



► Summary

American Community Survey - Summary

Download PDF file

Beneficiary ID: 100312 Area, State: Fort Wayne, IN MSA, Indiana

Number of Members: 2 Income Limit: \$40,850.00

Member IDs:	HH1	HH2	Subtotals of Line Items
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$0.00	\$10,000.00	\$10,000.00
Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	\$0.00	\$0.00	\$0.00
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	\$0.00	\$0.00	\$0.00
Social Security or Railroad Retirement.	\$9,600.00	\$10,200.00	\$19,800.00
Supplemental Security Income (SSI).	\$0.00	\$0.00	\$0.00
Any public assistance or welfare payments from the state or local welfare office.	\$0.00	\$0.00	\$0.00
Retirement, survivor, or disability pensions. Do NOT include Social Security.	\$0.00	\$0.00	\$0.00
Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.	\$0.00	\$0.00	\$0.00
Total Annual Income	\$9,600.00	\$20,200.00	\$29,800.00

Based upon the information submitted, the Annual Income of 100312 has been determined to be below the income limit for the area.

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Save & Return to Dashboard

Sample PDF Summary Form for Records

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

AMERICAN COMMUNITY SURVEY ANNUAL INCOME CALCULATION Completed on 10/08/2012

Last Name:	Benefici	ary ID:	100312	
Area/State: Fort Wayne, IN MSA, Indiana	 Limit:	\$40,850.00	Number of Members:	2

First Names:			•	Subtotals of
Member IDs:	HH1	HH2		Line Items
Wages, salary, commissions, bonuses,				
or tips from all jobs. Report amount	\$0.00	\$10,000.00		840 000 00
before deductions for taxes, bonds,	\$0.00	\$10,000.00		\$10,000.00
dues, or other items.				
Self-employment income from own				
nonfarm businesses or farm				
businesses, including proprietorships	\$0.00	\$0.00		\$0.00
and partnerships. Report NET income				
after business expenses.				
Interest, dividends, net rental income,				
royalty income, or income from				\$0.00
estates and trusts. Report even small				\$0.00
amounts credited to an account.				
Social Security or Railroad Retirement.	\$9,600.00	\$10,200.00		\$19,800.00
Supplemental Security Income (SSI).	\$0.00	\$0.00		\$0.00
Any public assistance or welfare				
payments from the state or local	\$0.00	\$0.00		\$0.00
welfare office.				
Retirement, survivor, or disability				
pensions. Do NOT include Social	\$0.00	\$0.00		\$0.00
Security.				
Any other sources of income received				
regularly such as Veterans' (VA)				
payments, unemployment				
compensation, child support or	\$0.00	\$0.00		\$0.00
alimony. Do NOT include lump sum				
payments such as money from an				
inheritance or the sale of a home.				
ANNUAL GROSS INCOME	\$9,600.00	\$20,200.00		\$29,800.00

Based	upon the	information submitted, the Annual Income of	100312	has been determined
to be	below	the income limit for this area.		

Page 1 of 2

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

AMERICAN COMMUNITY SURVEY ANNUAL INCOME CALCULATION Completed on 10/08/2012

Beneficiary ID: 100312

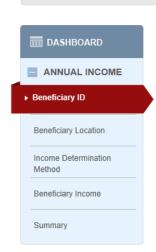
	Deficiency 15: 100312	
	HEAD OF HOUSEHOLD	
Signature	Printed Name	Date
-		•
	OTHER BENEFICIARY ADULTS*	
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
* Attach another copy of this page if addit		
	PREPARER	
Signature	Printed Name	Date

Page 2 of 2

NSP Income Calculation - Annual Income

Beneficiary ID - Screen 1: Beneficiary ID and Number of HH Members





The CPD Income Eligibility Calculator asks for a "Beneficiary ID" instead of a "Last Name" to help protect the privacy of applicants to CPD programs. The Beneficiary ID you enter should be unique, will be included on the Calculator screens and printouts, and will be the key data element necessary to later find, complete, and/or edit the income determination performed for that beneficiary within the Calculator. DO NOT use any personal information to create a Beneficiary ID, including but not limited to names, social security numbers, or addresses.

Each user is responsible for designing their own method for creating Beneficiary IDs, as well maintaining and adequately protecting their own auditable records which associate each Beneficiary ID with the individual, family, or household whose income was determined (as appropriate and/or required under the rules of each CPD program.) Printouts from the Calculator for all programs except HOPWA will include both the Beneficiary ID and a blank space in which the Last Name of the associated individual, family, or household can be written or otherwise inserted.

Beneficiary ID: 1003122

Number of household members: 4

Note: If you need to change the number of household members, or change the Beneficiary ID, you will need to either delete this calculation or create a new calculation, on the Dashboard, with a different Beneficiary ID.

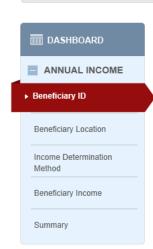
< Previous



Beneficiary ID - Screen 2: HH Member Info

NSP Annual Income Calculation

• Beneficiary 1003122
ID:



The CPD Income Eligibility Calculator asks for "Member IDs" instead of "First Names" to help protect the privacy of applicants to CPD programs. Each Member ID you enter should be unique to an individual within the family or household associated with this Beneficiary ID. Printouts from the Calculator for all programs except HOPWA will include the Member IDs entered here along with a blank space in which the First Name of the associated individual can be written or otherwise inserted. DO NOT use any personal information to create Member ID(s), including but not limited to names, social security numbers, or addresses.

Each user is responsible for designing their own method for creating Member IDs, as well maintaining and adequately protecting their own auditable records which connect Member IDs to the associated individuals within the family or household whose income was determined (as appropriate and/or required under the rules of each CPD program.)

Income determinations are based on the gross income anticipated by all adults in the household in the next 12 months.

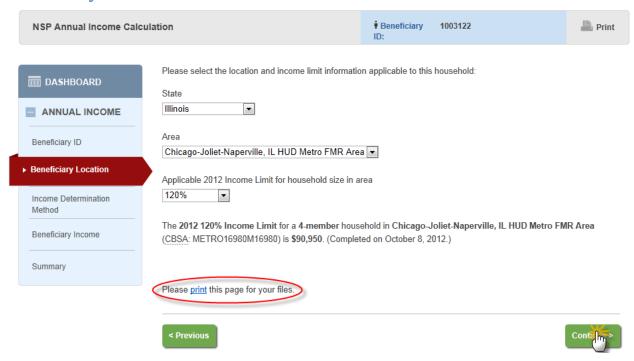
Please enter a Member ID for each member of the 1003122 household and check ALL of the boxes that apply for each member. Please note, you will not be able to continue until all Beneficiary Member IDs are populated.

	#1	#2	#3	#4
Beneficiary Member ID	HH1	HH2	HH3	HH4
This member is a minor under the age of 15 years			V	V
This member is a child age 18 or UNDER			V	V
This member is a fulltime student OVER the age of 18 years				
This member is 62 years of age or older				
This member is a person (of any age) with disabilities				
This member is the head of household	V			
This member is the co-head of household		V		

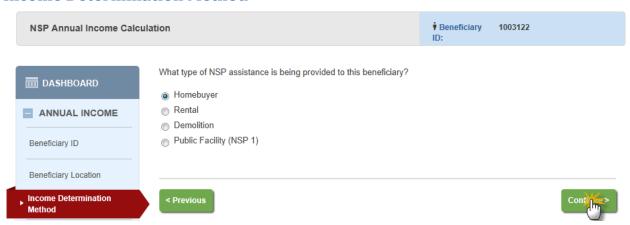
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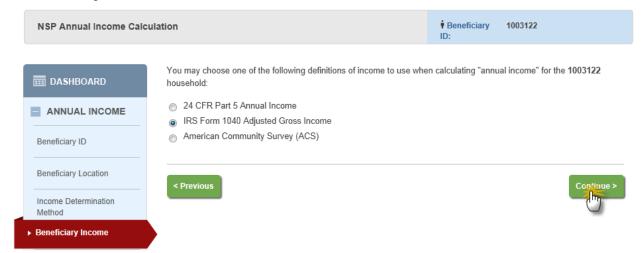
Beneficiary Location



Income Determination Method



Beneficiary Income - Screen 1: Income Definition



Beneficiary Income - Screen 2: Calculation Method (HH1 and HH2)





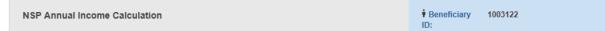
IRS 1040 Adjusted Gross Income - Input

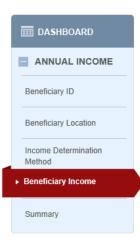
Note: When using the IRS Form 1040 definition to determine an applicant's annual income, users must use the most current version of IRS Form 1040—the version filed for current year tax reporting purposes. While this online worksheet is a general representation of the IRS Form 1040, it is not updated annually to reflect all changes in the Income and Deductions line items each tax year. The user is advised to consult the IRS Web site at irs.gov for the most current version of and the instructions for this form. Income or Deduction items included in the most current IRS Form 1040, but not specifically reflected in the worksheet below, may be accommodated using the "Other Income" and "Other Deductions" line items below.

Beneficiary Member ID: HH1

нн1 н	НН3	HH4		
Income				
Wages, salaries, tips, etc.				\$ 40,000.00
Overtime/Bonus pay				\$
Raises/COLAs				\$
Taxable interest				\$ 20.00
Ordinary dividends				\$
Taxable refunds, credits, or o	offsets of state an	d local income tax	(es	\$
Alimony received				\$
Business income or (loss)				\$
Capital gain or (loss)				\$
Other gains or (losses)				\$
Taxable amount of IRA distri	butions			\$
Taxable amount of Pensions	and annuities			\$
Rentals real estate, royalties etc.	, partnerships, S (corporations, trus	ts,	\$

Farm income or (loss)	\$
Unemployment compensation	\$
Taxable amount of Social security benefits	\$
Other income (if any)	\$
justed Gross Income	
Educator expenses	\$
Certain business expenses of reservists, performing artists, and fee- basis government officials	\$
Health savings account deduction	\$
Moving expenses	\$
Deductible part of self-employment tax	\$
Self-employed SEP, SIMPLE, and qualified plans	\$
Self-employed health insurance deduction	\$
Penalty on early withdrawal of savings	\$
Alimony paid	\$
IRA deduction	\$
Student loan interest deduction	\$ 1,000.00
Tuition and fees	\$
Domestic production activities deduction	\$
Other Deductions (if any)	\$





IRS 1040 Adjusted Gross Income - Input

Note: When using the IRS Form 1040 definition to determine an applicant's annual income, users must use the most current version of IRS Form 1040—the version filed for current year tax reporting purposes. While this online worksheet is a general representation of the IRS Form 1040, it is not updated annually to reflect all changes in the Income and Deductions line items each tax year. The user is advised to consult the IRS Web site at irs.gov for the most current version of and the instructions for this form. Income or Deduction items included in the most current IRS Form 1040, but not specifically reflected in the worksheet below, may be accommodated using the "Other Income" and "Other Deductions" line items below.

Beneficiary Member ID: HH2

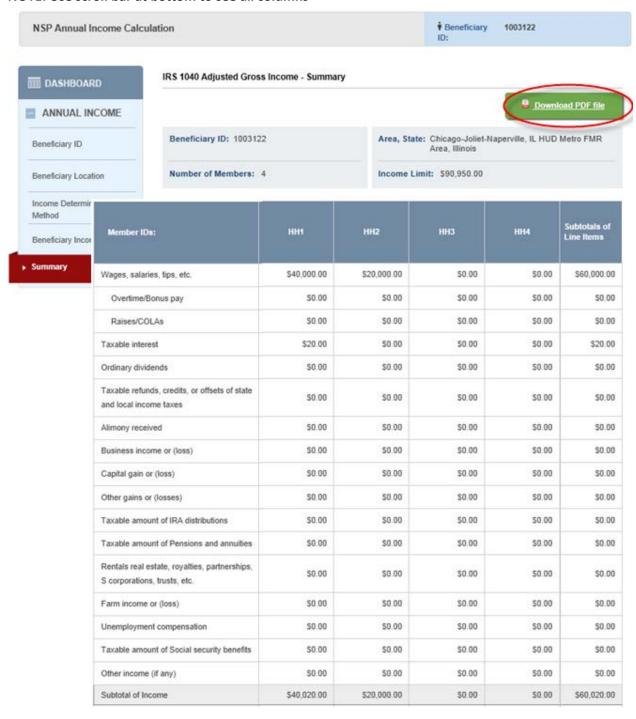
HH1	HH2	нн3	HH4		
Income					
Wages, sala	ries, tips, etc.			\$	20,000.00
Overtim	e/Bonus pay			\$	
Raises/	COLAs			\$	
Taxable inte	rest			\$	
Ordinary div	idends			\$	
Taxable refu	ınds, credits, or o	ffsets of state an	d local income ta	xes \$	
Alimony rec	eived			\$	
Business inc	come or (loss)			\$	
Capital gain	or (loss)			\$	
Other gains	or (losses)			\$	
Taxable am	ount of IRA distrit	outions		\$	
Taxable am	ount of Pensions	and annuities		\$	
Rentals real etc.	estate, royalties,	partnerships, S (corporations, trus	sts, \$	

Farm income or (loss)	\$
Unemployment compensation	\$
Taxable amount of Social security benefits	\$
Other income (if any)	\$
Adjusted Gross Income	
Educator expenses	\$
Certain business expenses of reservists, performing artists, and fee- basis government officials	\$
Health savings account deduction	\$
Moving expenses	\$
Deductible part of self-employment tax	\$
Self-employed SEP, SIMPLE, and qualified plans	\$
Self-employed health insurance deduction	\$
Penalty on early withdrawal of savings	\$
Alimony paid	\$
IRA deduction	\$
Student loan interest deduction	\$
Tuition and fees	\$
Domestic production activities deduction	\$
Other Deductions (if any)	\$

< Previous Save Calculate 2

Summary: Option to Download PDF

NOTE: Use scroll bar at bottom to see all columns



ADJUSTED GROSS INCOME	\$39,020.00	\$20,000.00	\$0.00	\$0.00	\$59,020.00
Subtotal of Deductions	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.0
Other Deductions (if any)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Domestic production activities deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Tuition and fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Student loan interest deduction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.0
IRA deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Alimony paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Penalty on early withdrawal of savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Self-employed health insurance deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Self-employed SEP, SIMPLE, and qualified plans	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Deductible part of self-employment tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Moving expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Health savings account deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Certain business expenses of reservists, performing artists, and fee-basis government officials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
Educator expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.0



Based upon the information submitted, the Annual Income of 1003122 has been determined to be below the income limit for the area.

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Save & Return to Dashboard

Sample PDF Summary Form for Records

U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

IRS FORM 1040 ADJUSTED GROSS INCOME CALCULATION Completed on 10/08/2012

Last Name:		Beneficiary ID:	1003122	
Area/State: Chicago-Joliet-Naperville, IL HUD Metro FMR Area, Illinois	2012 Income Lin	nit: \$90,950.00	Number of Members:	4

First Names:					Subtotals of Line
Member IDs:	HH1	HH2	HH3	HH4	Items
Wages, Salaries, Tips, etc.	\$40,000.00	\$20,000.00	\$0.00	\$0.00	\$60,000.00
Taxable interest	\$20.00	\$0.00	\$0.00	\$0.00	\$20.00
Ordinary dividends	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxable refunds, credits, or offsets of state and local	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
income taxes					
Alimony received	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business income or (loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capital gain or (loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other gains or (losses)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxable amount of IRA distributions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxable amount of Pensions and annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Farm income or (loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxable amount of Social security benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other income	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal of Income	\$40,020.00	\$20,000.00	\$0.00	\$0.00	\$60,020.00
Educator expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Certain business expenses of reservists, performing artists, and fee-basis government officials	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health savings account deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Moving expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductible part of self-employment tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Self-employed SEP, SIMPLE, and qualified plans	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Self-employed health insurance deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Penalty on early withdrawal of savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Alimony paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
IRA deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Student loan interest deduction	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Tuition and fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Domestic production activities deduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Deductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal of Deductions	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Subtotal of Deductions	\$1,000.00	40.00	40.00	*	* 1,000

Based upon the information submitted, the Annual Income of _	1003122	has been determined to be _	below
the income limit for this area			

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U.S. Department of Housing and Urban Development Office of Community Planning and Development Income Eligibility Calculator

IRS FORM 1040 ADJUSTED GROSS INCOME CALCULATION Completed on 10/08/2012

	HEAD OF HOUSEHO	LD	
Signature	Printed Name	Date	
	OTHER BENEFICIARY A	OULTS*	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
* Attach another copy of this p	age if additional signature lines are required.		
	PREPARER		
Signature	Printed Name	Date	

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