

New York State SNAP Budget Worksheet

Number in Household: _____

A. GROSS INCOME

1. Monthly Gross Earned Income (i.e. salary, self-employment) (Enter the average monthly earned income amount before taxes or other deductions are taken)	1 _____
2. Monthly Net Income from Boarder/Lodger (Exclude first \$194 for one boarder/lodger, \$357 for two boarder/lodgers)	2 _____
3. Total Monthly Earned Income (Add lines 1+2)	3 _____
4. a. Monthly Gross Unearned Cash Assistance Income	4a _____
b. Monthly Gross Unearned Social Security Retirement/SSDI/SSI	4b _____
c. Monthly Gross Unearned "Other Income" (Child support received, UIB, pensions, etc.)	4c _____
d. Monthly Net Rental Income (Enter the net monthly rental income amount if a household member spends less than 20 hours a week on average managing the property.)	4d _____
5. Total Monthly Unearned Income (Add lines 4a + 4b + 4c + 4d)	5 _____
6. Child Support Payments (actually paid, legally obligated amount)	6 _____
7. Adjusted Monthly Gross Income (Add lines 3+5, minus line 6)	A.7 _____

<p>B. MAXIMUM GROSS MONTHLY INCOME TEST – Enter the appropriate amount of the monthly gross income test based on household size (see Chart on the back for these amounts.) If the amount on line B is lower than the amount on line A7, the household does not pass the monthly gross income test and thus are not eligible for SNAP.</p> <ul style="list-style-type: none"> Households with an elderly or disabled person do not have a monthly gross income test; thus they will move forward with the SNAP budgeting process regardless of the amount of their adjusted gross income. Households with earned income, who have accepted a job, are looking for work, attending employment training programs or pursuing education that is preparatory to employment and who have out-of-pocket child/dependent care expenses have a monthly gross income test of 200% FPL. Households with earned income have a monthly gross income test of 150% FPL. Households without earned income and/or without child/dependent care costs have a monthly gross income test of 130% FPL. 	B. _____
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C. DEDUCTIONS

8. Deduction on Monthly Gross Earned Income (20% x Line 3)	8 _____										
9. Standard Deduction based on household size (Enter applicable amount)	9 _____										
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Household Size</th> <th style="padding: 5px;">Deduction</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">1 – 3</td> <td style="text-align: center; padding: 5px;">\$157</td> </tr> <tr> <td style="text-align: center; padding: 5px;">4</td> <td style="text-align: center; padding: 5px;">\$168</td> </tr> <tr> <td style="text-align: center; padding: 5px;">5</td> <td style="text-align: center; padding: 5px;">\$197</td> </tr> <tr> <td style="text-align: center; padding: 5px;">6 and over</td> <td style="text-align: center; padding: 5px;">\$226</td> </tr> </tbody> </table>	Household Size	Deduction	1 – 3	\$157	4	\$168	5	\$197	6 and over	\$226	
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10. Child Care/Dependent Costs (Enter the monthly out-of-pocket costs for the care of a child or other dependent (including an incapacitated adult) when necessary for a household member to accept or continue employment, seek employment, attend training or pursue education preparatory to employment.)	10 _____										
11. Homeless Income Deduction – Enter \$143 (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> Homeless households are not able to take any deductions under “Monthly Shelter Costs”. Households incurring a shelter cost greater than \$143 per month should, instead, take the deductions allowed under the “Monthly Shelter Costs”. 	11 _____										
12. Medical Expense – Only for Elderly/Disabled Members. (Take the total monthly average unreimbursed medical expenses, and subtract the first \$35, enter the amount here.)	12 _____										
13. Total Deductions (Add lines 8 + 9 + 10+ 11 + 12)	C .13 _____										

D. ADJUSTED INCOME (Line A.7 - Line C.13) D. _____

E. MONTHLY SHELTER COSTS

14. Monthly amount household actually pays for rent/mortgage	14 _____																
15. Standard Utility Allowance (SUA) Levels in NYC. Enter the appropriate amount for the SUA level. <ul style="list-style-type: none"> Level I - Has heating/cooling costs, or has received HEAP benefit of \$21 or more in the current month or in the immediately preceding 12 months. Level II - Ineligible for or did not receive HEAP for the current program year, has no heating/cooling costs, but has utility costs. Level III - Ineligible for or did not receive HEAP for the current program year, has no heating/cooling or utility costs, but has a phone. This allowance is automatically given to households not eligible for Levels 1 or 2. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th></th> <th>Level 1</th> <th>Level II</th> <th>Level III</th> </tr> </thead> <tbody> <tr> <td>NYC (5 boroughs)</td> <td>\$758</td> <td>\$300</td> <td>\$33</td> </tr> <tr> <td>Long Island (Nassau and Suffolk counties)</td> <td>\$706</td> <td>\$277</td> <td>\$33</td> </tr> <tr> <td>Other Areas in NYS</td> <td>\$627</td> <td>\$254</td> <td>\$33</td> </tr> </tbody> </table>		Level 1	Level II	Level III	NYC (5 boroughs)	\$758	\$300	\$33	Long Island (Nassau and Suffolk counties)	\$706	\$277	\$33	Other Areas in NYS	\$627	\$254	\$33	15 _____
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16. Other Owned-Property Shelter Costs: Taxes, Insurance, Repairs – when homes are damaged in disasters	16 _____																
17. Total Shelter Cost (Add lines 14+ 15+ 16)	E.17 _____																

F. EXCESS SHELTER DEDUCTIONS

18. Total Shelter Cost = Line E.17	18 _____
19. One-Half of Adjusted Income = Line D divided by 2	19 _____
20. Shelter Deduction = Line 18 minus Line 19. If negative, enter \$0	20 _____
21. For non-elderly/non-disabled households enter the amount on line 20, up to a maximum of \$517. For elderly/disabled households enter the full amount on line 20. When it is a negative number, enter \$0.	F. 21 _____

G. SNAP NET INCOME

22. Adjusted Income = Line D	22 _____
23. Maximum Excess Shelter Deduction = Line F.21	23 _____
24. Monthly Net SNAP Income (Line 22 minus Line 23)	G. 24 _____

H. Potential SNAP Benefit

25. Enter Thrifty Food Plan amount for H.H. size (See Chart below)	25 _____
26. Multiply Monthly Net SNAP Income by 30% (Line G.24 x .30)	26 _____
27. SNAP Recoupment (if applicable)	27 _____
28. Potential SNAP Allotment: (Line 25 minus Line 26 minus Line 27)	H. 28 _____

October 1, 2016 - September 30, 2017

Maximum Monthly Gross Income Test

HH Size	HH Thrifty Food Plan Monthly Amount	Households without Earned Income 130% FPL	Households with Earned Income 150% FPL	Households with Child/ Dependent Care Costs 200% FPL
1	\$194	\$1,287	\$1,485	\$1,980
2	\$357	\$1,736	\$2,003	\$2,670
3	\$511	\$2,184	\$2,520	\$3,360
4	\$649	\$2,633	\$3,038	\$4,050
5	\$771	\$3,081	\$3,555	\$4,740
6	\$925	\$3,530	\$4,073	\$5,430
7	\$1,022	\$3,980	\$4,592	\$6,122
8	\$1,169	\$4,430	\$5,112	\$6,815
Add	+ \$146	+\$451	+\$520	+\$693