

New York State SNAP Budget Worksheet
(Effective October 1, 2025 – September 30, 2026)

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 \$298 for one boarder/lodger, \$546 for two boarder/lodgers)	2 _____
3. Total Monthly Earned Income (Add lines 1+2)	3 _____
4. a. Monthly Gross Unearned Cash Assistance amount (Do not include government rent subsidies, such as FHEPS)	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. Enter amount actually paid (legally obligated, court ordered, support payments)	6 _____
7. Adjusted Monthly Gross Income (Add lines 3+5, minus line 6)	A.7 _____

B. MAXIMUM MONTHLY GROSS INCOME TEST - Households with an older adult (age 60+) or disabled person, **are exempt** from this test; proceed with SNAP budgeting.

Households with:

- ☐ Earned income (includes work, job search, training, or education) **and** have out-of-pocket child/dependent care expenses, enter 200% FPL
- ☐ Earned income and no out-of-pocket child/dependent care expenses, enter 150% FPL
- ☐ No earned income and no out-of-pocket child/dependent care expenses, enter 130% FPL.

Enter the Monthly Gross Income amount based on household size (see chart on the back). **B.** _____

If Line B is lower than Line A7, the household does not pass the monthly gross income test and thus is not eligible for SNAP.

C. DEDUCTIONS

8. Deduction on Monthly Gross Earned Income (20% x Line 3)	8 _____										
9. Standard Deduction based on household size. Enter applicable amount. <table border="1" style="margin: 10px auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px 10px;">Household Size</th> <th style="padding: 2px 10px;">Deduction</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 10px;">1 – 3</td> <td style="padding: 2px 10px;">\$209</td> </tr> <tr> <td style="padding: 2px 10px;">4</td> <td style="padding: 2px 10px;">\$223</td> </tr> <tr> <td style="padding: 2px 10px;">5</td> <td style="padding: 2px 10px;">\$261</td> </tr> <tr> <td style="padding: 2px 10px;">6 and over</td> <td style="padding: 2px 10px;">\$299</td> </tr> </tbody> </table>	Household Size	Deduction	1 – 3	\$209	4	\$223	5	\$261	6 and over	\$299	9 _____
Household Size	Deduction										
1 – 3	\$209										
4	\$223										
5	\$261										
6 and over	\$299										
10. Child Care/Dependent Costs - Enter monthly out-of-pocket costs for child or dependent care (including incapacitated adults) needed for a household member to work, look for work, attend training, or pursue education.	10 _____										
11. Homeless Income Deduction – Enter \$198.99 (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> Households claiming this deduction cannot also claim a deduction under "Monthly Shelter Costs." If shelter costs exceed \$198.99, claim "Monthly Shelter Costs" instead. 	11 _____										
12. Medical Expense – Only for older adults (age 60+)/Disabled Household Members. Exclude the first \$35. (Add all unreimbursed medical expenses and subtract \$35, enter that 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 NYS. Use the amounts below according to where the household lives. <ul style="list-style-type: none"> Level I – Enter this amount if: there are heating/cooling costs, or the household has an older adult/disabled member and has received a HEAP benefit of \$21 or more in the current month or in the immediately preceding 12 months. Level II - Enter this amount if the household is ineligible for or did not receive HEAP for the current program year, has no heating/cooling costs, but has utility costs. Level III – Enter this amount if the household is ineligible for or did not receive HEAP for the current program year, has no heating/cooling or utility costs, but has a phone. 				15 _____																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th></th> <th>Level 1</th> <th>Level II</th> <th>Level III</th> </tr> </thead> <tbody> <tr> <td>NYC (5 boroughs)</td> <td>\$1,062</td> <td>\$419</td> <td>\$32</td> </tr> <tr> <td>Long Island (Nassau and Suffolk counties)</td> <td>\$988</td> <td>\$388</td> <td>\$32</td> </tr> <tr> <td>Other Areas in NYS</td> <td>\$877</td> <td>\$355</td> <td>\$32</td> </tr> </tbody> </table>			Level 1	Level II	Level III	NYC (5 boroughs)	\$1,062	\$419	\$32	Long Island (Nassau and Suffolk counties)	\$988	\$388	\$32	Other Areas in NYS	\$877	\$355	\$32			
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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. Households without a member age 60+ or disabled member: enter Line 20, up to \$744 . <ul style="list-style-type: none"> Households with a member age 60+ or disabled member: enter full amount on Line 20. If negative, 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 _____																
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		Maximum Monthly Gross Income Test																		
HH Size	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	\$298	\$1,696	\$1,957	\$2,608																
2	\$546	\$2,292	\$2,644	\$3,525																
3	\$785	\$2,888	\$3,332	\$4,442																
4	\$994	\$3,483	\$4,019	\$5,358																
5	\$1,183	\$4,079	\$4,707	\$6,275																
6	\$1,421	\$4,675	\$5,394	\$7,192																
7	\$1,571	\$5,271	\$6,082	\$8,108																
8	\$1,789	\$5,867	\$6,769	\$9,025																
Add	+\$218	+\$596	\$688	\$917																