

**New York State SNAP Budget Worksheet**  
(Effective October 1, 2024 – September 30, 2025)

<b>Number in Household:</b> _____											
<b>A. GROSS INCOME</b>											
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 \$292 for one boarder/lodger, \$536 for two boarder/lodgers)	2 _____										
<b>3. Total Monthly Earned Income (Add lines 1+2)</b>	<b>3 _____</b>										
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 _____										
<b>5. Total Monthly Unearned Income (Add lines 4a + 4b + 4c + 4d)</b>	<b>5 _____</b>										
6. Child Support Payments. Enter amount actually paid (legally obligated, court ordered, support payments)	6 _____										
<b>7. Adjusted Monthly Gross Income (Add lines 3+5, minus line 6)</b>	<b>A.7 _____</b>										
<p><b>B. MAXIMUM MONTHLY GROSS INCOME TEST</b> – Enter the appropriate Monthly Gross Income amount <u>based on household size</u> (see Chart on the back for these amounts.) <b>Households with an older adult (age 60+) or disabled person do not have to pass a monthly gross income test; thus, you may proceed with the SNAP budgeting process regardless of the amount on line A7.</b></p> <p>Households with:</p> <ul style="list-style-type: none"> <li>• Earned income, who have accepted a job, are looking for work, attending employment training programs or pursuing education that is preparatory to employment <b>and</b> with out-of-pocket child/dependent care expenses, enter 200% FPL</li> <li>• Earned income and no out-of-pocket child/dependent care expenses, enter 150% FPL</li> <li>• No earned income and no out-of-pocket child/dependent care expenses, enter 130% FPL.</li> </ul> <p>If line B is lower than the amount on line A7, the household <u>does not pass</u> the monthly gross income test and thus are <u>not</u> eligible for SNAP.</p>	B. _____										
<b>C. DEDUCTIONS</b>											
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-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Household Size</th> <th style="padding: 2px;">Deduction</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">1 – 3</td> <td style="padding: 2px;">\$204</td> </tr> <tr> <td style="padding: 2px;">4</td> <td style="padding: 2px;">\$217</td> </tr> <tr> <td style="padding: 2px;">5</td> <td style="padding: 2px;">\$254</td> </tr> <tr> <td style="padding: 2px;">6 and over</td> <td style="padding: 2px;">\$291</td> </tr> </tbody> </table>	Household Size	Deduction	1 – 3	\$204	4	\$217	5	\$254	6 and over	\$291	9 _____
Household Size	Deduction										
1 – 3	\$204										
4	\$217										
5	\$254										
6 and over	\$291										
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 \$190.30 (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> <li>• Homeless households are <u>not</u> able to take any deductions under “<b>Monthly Shelter Costs</b>”.</li> <li>• Households incurring a shelter cost greater than \$190.30 per month should, instead, take the deductions allowed under the “<b>Monthly Shelter Costs</b>”.</li> </ul>	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 _____										
<b>13. Total Deductions (Add lines 8 + 9 + 10+ 11 + 12)</b>	<b>C.13 _____</b>										
<b>D. ADJUSTED INCOME (Line A.7 - Line C.13)</b>											
	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.

- **Level I** – Enter this amount if there are heating/cooling costs or the household 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.

	Level 1	Level II	Level III
NYC (5 boroughs)	\$1,034	\$408	\$31
Long Island (Nassau and Suffolk counties)	\$962	\$378	\$31
Other Areas in NYS	\$854	\$346	\$31

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 households **with no** members age 60+ or who meet the SNAP's disability criteria: Enter the amount on line 20, up to a **maximum of \$712**.  
For households **with** a member age 60+ or who meet the SNAP's disability criteria: Enter the **full amount** on line 20.  
If 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 \_\_\_\_\_

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		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	\$292	\$1,632	\$1,883	\$2,510
2	\$536	\$2,215	\$2,555	\$3,407
3	\$768	\$2,798	\$3,228	\$4,303
4	\$975	\$3,380	\$3,900	\$5,200
5	\$1,158	\$3,963	\$4,573	\$6,097
6	\$1,390	\$4,546	\$5,245	\$6,993
7	\$1,536	\$5,129	\$5,918	\$7,890
8	\$1,756	\$5,712	\$6,590	\$8,787
Add	+\$220	+\$583	\$673	\$897