

New York State SNAP Budget Worksheet
(Effective October 1, 2023 – September 30, 2024)

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 \$291 for one boarder/lodger, \$535 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 – Enter the appropriate Monthly Gross Income amount based on household size (see Chart on the back for these amounts.) **Households with an elderly 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.**

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** with 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.

If 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.

B. _____

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"> <thead> <tr> <th>Household Size</th> <th>Deduction</th> </tr> </thead> <tbody> <tr> <td align="center">1 – 3</td> <td align="center">\$198</td> </tr> <tr> <td align="center">4</td> <td align="center">\$208</td> </tr> <tr> <td align="center">5</td> <td align="center">\$244</td> </tr> <tr> <td align="center">6 and over</td> <td align="center">\$279</td> </tr> </tbody> </table>	Household Size	Deduction	1 – 3	\$198	4	\$208	5	\$244	6 and over	\$279	
Household Size	Deduction										
1 – 3	\$198										
4	\$208										
5	\$244										
6 and over	\$279										
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 \$179.66 (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> • Homeless households are <u>not</u> able to take any deductions under “Monthly Shelter Costs”. • Households incurring a shelter cost greater than \$179.66 per month should, instead, take the deductions allowed under the “Monthly Shelter Costs”. 	11 _____										
12. Medical Expense – Only for Elderly/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 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. <table border="1"> <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>\$992</td> <td>\$391</td> <td>\$31</td> </tr> <tr> <td>Long Island (Nassau and Suffolk counties)</td> <td>\$923</td> <td>\$363</td> <td>\$31</td> </tr> <tr> <td>Other Areas in NYS</td> <td>\$819</td> <td>\$332</td> <td>\$31</td> </tr> </tbody> </table>		Level 1	Level II	Level III	NYC (5 boroughs)	\$992	\$391	\$31	Long Island (Nassau and Suffolk counties)	\$923	\$363	\$31	Other Areas in NYS	\$819	\$332	\$31	15 _____
	Level 1	Level II	Level III														
NYC (5 boroughs)	\$992	\$391	\$31														
Long Island (Nassau and Suffolk counties)	\$923	\$363	\$31														
Other Areas in NYS	\$819	\$332	\$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 non-elderly/non-disabled households enter the amount on line 20, up to a maximum of \$672. For elderly/disabled households 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 _____																

Effective October 1, 2023 – September 30, 2024				
		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	\$291	\$1,580	\$1,823	\$2,430
2	\$535	\$2,137	\$2,465	\$3,287
3	\$766	\$2,694	\$3,108	\$4,143
4	\$973	\$3,250	\$3,750	\$5,000
5	\$1,155	\$3,807	\$4,393	\$5,857
6	\$1,386	\$4,364	\$5,035	\$6,713
7	\$1,532	\$4,921	\$5,678	\$7,570
8	\$1,751	\$5,478	\$6,320	\$8,427
Add	+\$219	+\$557	+\$643	+\$857