

**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 <b>\$298</b> for one boarder/lodger, <b>\$546</b> 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 Monthly Gross Income amount based on household size (see chart on the back). Households with:</p> <ul style="list-style-type: none"> <li>Earned income (include work, job search, training, or education) <b>and</b> have out-of-pocket child/dependent care expenses, enter 200% FPL</li> <li>Earned income and <b>no</b> out-of-pocket child/dependent care expenses, enter 150% FPL</li> <li>No earned income and <b>no</b> out-of-pocket child/dependent care expenses, enter 130% FPL.</li> </ul> <p><b>Households with an older adult (age 60+) or disabled person, are exempt from this test; proceed with SNAP budgeting regardless of Line A7.</b></p> <p><b>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 eligible for SNAP</u>.</b></p>	<p><b>B.</b> _____</p>
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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. <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. <b>Child Care/Dependent Costs</b> - 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. <b>Homeless Income Deduction</b> – Enter <b>\$198.99</b> (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> <li>Households claiming this deduction <b>cannot</b> also claim a deduction under "Monthly Shelter Costs."</li> <li>If shelter costs exceed \$198.99, claim "Monthly Shelter Costs" instead.</li> </ul>	11 _____										
12. <b>Medical Expense</b> – 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>	<b>D.</b> _____
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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"> <li><b>Level I</b> – 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.</li> <li><b>Level II</b> - 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.</li> <li><b>Level III</b> – 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.</li> </ul> <table border="1" style="width: 100%; margin-top: 10px;"> <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	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. Households without a member age 60+ or disabled member: enter Line 20, up to <b>\$744</b> . <ul style="list-style-type: none"> <li>Households with a member age 60+ or disabled member: enter full amount on Line 20.</li> <li>If negative, enter \$0.</li> </ul>				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, 2025 – September 30, 2026																				
		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	\$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																