

**Empire Justice Center's SNAP Budget Worksheet for New York State
(Effective October 1, 2014 through September 30, 2015)**

No resource limit (categorical eligibility) for households (hhs) except elderly/disabled hh with income over 200% of FPL or hh with sanctioned/disqualified member. For these hhs, resource limits remain \$2250 (\$3250 for aged or disabled).

A.	GROSS INCOME	
1.	Monthly Gross Earned Income (salary, self-employment, etc.)	_____
2.	Monthly Income from Boarder/Lodger (exclude first \$194 for one, \$357 for two)	_____
3.	Total Gross Monthly EARNED Income (Lines 1 + 2)	_____
4.	a. Monthly UNEARNED Public Assistance	_____
	b. Monthly UNEARNED SSA/SSI/SSD	_____
	c. Other Monthly UNEARNED (e.g. unemployment, child support)	_____
	d. Monthly RENTAL Income (after subtracting costs)	_____
5.	Total Gross Monthly UNEARNED (Line 4a + 4b + 4c + 4d)	_____
6.	Total Gross Monthly EARNED and UNEARNED Income (Line 3 + 5)	_____
7.	MINUS Legally Obligated Child Support	_____
	ADJUSTED GROSS INCOME (Line 6 - 7)	A. _____

B.	MAXIMUM GROSS MONTHLY INCOME	B. _____
	130% FPL; 200% FPL for hhs with dependent care costs; no limit for elderly/disabled hhs***	

C.	DEDUCTIONS	
8.	20% deduction on Gross Earned Income (20% x Line 3)	_____
9.	Standard deduction based on hh size 1-3 people \$155 ; 4 people \$165 ; 5 people \$193 ; 6+ people \$221	_____
10.	Child/dependent care costs (actual)	_____
11.	Homeless shelter deduction (\$143 for undomiciled)	_____
12.	Unreimbursed Medical Costs (ONLY for elderly or disabled - exclude the first \$35)	_____
	TOTAL DEDUCTIONS (Lines 8+9+10+11+12)	C. _____

D.	ADJUSTED INCOME (Line A minus Line C)	D. _____
	100% FPL if hh is not categorically eligible	

E.	MONTHLY SHELTER COSTS	
13.	Actual rent/mortgage billed to hh	_____
14.	Standard utility allowance (Choose Level 1, 2 OR 3)	_____
	NYC Level 1: \$785 ; Level 2: \$311 ; Level 3: \$33	
	Long Island Level 1: \$732 ; Level 2: \$287 ; Level 3: \$33	
	Rest of State Level 1: \$650 ; Level 2: \$263 ; Level 3: \$33	
	Level 1 - incur heating/cooling cost OR received more than \$20 in HEAP within last 12 months or during month of application	
	Level 2 - incur non-heating utility cost	
	Level 3 - phone only	
15.	Costs for Applicant Owned Property (Property taxes, Insurance, Repairs, etc.)	_____
	TOTAL SHELTER COSTS (Lines 13+14+15)	E. _____

F. SHELTER DEDUCTIONS

16. Total Shelter costs (Re-enter Line E) _____

17. One-half of Adjusted Income (Divide Line D by 2) _____

18. Excess shelter costs (Line 16 - Line 17) If negative, enter \$0 _____

Excess Shelter Deduction - F. _____

Re-enter amount from line 18 for elderly/disabled hh.
For **non-elderly/non-disabled hh**, enter amount of line 18 up to maximum of **\$490**.

G. NET SNAP INCOME (must be at/below 100% FPL unless hh is categorically eligible) _____

19. Adjusted Income (Enter Line D) _____

20. Excess Shelter Deduction (Enter Line F) _____

Monthly Net SNAP Income (Line 19 minus Line 20) (Negative = \$0) G. _____

H. SNAP Entitlement _____

21. Enter Thrifty Food Plan amount for hh size (chart, last column) _____

22. Multiply Net SNAP Income by 30% (Line G x .30) _____

ESTIMATED SNAP BENEFIT (Line 21 minus Line 22) H. _____

*Note: 1 & 2 person hhs whose net income does not exceed 100% of FPL or who are categorically eligible, automatically receive a minimum grant of \$16, even if line H is less than \$16.
Hhs of 3 or more with \$0 grant or less are ineligible*

HH size	200% FPL	165% FPL*	130% FPL	100% FPL	Thrifty Food Plan
1	\$1,945	\$1,605	\$1,265	\$973	194.00
2	\$2,622	\$2,163	\$1,705	\$1,311	357.00
3	\$3,298	\$2,722	\$2,144	\$1,650	511.00
4	\$3,975	\$3,280	\$2,584	\$1,988	649.00
5	\$4,652	\$3,838	\$3,024	\$2,326	771.00
6	\$5,328	\$4,396	\$3,464	\$2,665	925.00
7	\$6,005	\$4,955	\$3,904	\$3,003	1,022.00
8	\$6,682	\$5,513	\$4,344	\$3,341	1,169.00
add'tl	+667	+559	+440	+339	146.00

**A disabled and elderly person (and spouse) living w/ others can be a separate hh, even if food is not being separately purchased and prepared, as long as income of other people does not exceed 165% FPL*

****If elderly/disabled hh has gross income over 200% FPL, they must have net income at/below 100% FPL AND have countable resources below \$3250*

Empire Justice Center
119 Washington Avenue
Albany, NY 12210
Phone: (518) 462-6831
www.empirejustice.org