

Empire Justice Center's Food Stamp Budget Worksheet for New York State

(Effective from February 1, 2009 through September 2009)

--	--

A. GROSS INCOME

- 1. Monthly Gross Earned Income (salary, self-employment, etc.) _____
- 2. Monthly Income from Boarder/Lodger (exclude first **\$176** for one, **\$323** 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 _____
- 8. **ADJUSTED GROSS INCOME** (Line 6 - 7) **A.** _____

- B. MAXIMUM GROSS MONTHLY INCOME TEST** - Cannot exceed 130% of FPL unless household contains elderly or disabled member. **B.** _____

C. DEDUCTIONS

- 8. 20% Deduction on Gross Earned Income (20% x Line 3) _____
- 9. Standard Deduction based on Household Size : _____
 1 - 3 people **\$144**; 4 people **\$147**; 5 people **\$172**; 6 or more people **\$197**
- 10. Child/Dependent Care (**as of 10/1/08, there is no longer a cap on this deduction**) _____
- 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.** _____

E. MONTHLY SHELTER COSTS

- 13. Actual RENT/MORTGAGE Billed to Household _____
- 14. STANDARD UTILITY ALLOWANCES: (Choose Level 1, 2 or 3) _____

<u>LEVEL 1</u>	NYC	\$781	}	Most households are now eligible for Level 1 SUA because they automatically receive at least \$1 in HEAP benefits
	L.I.:	\$727		
	Rest of State	\$645		
OR				
<u>LEVEL 2</u>	NYC:	\$308	}	Households with \$0 rent, no HT/AC costs but who pay for domestic utilities
	L.I.:	\$286		
	Rest of State	\$261		
OR				
<u>LEVEL 3</u>	All districts:	\$33	}	Phone SUA (Residents of DV/homeless shelters)
- 15. Costs for Applicant Owned Property: (Property Taxes, Home Insurance, Repairs, etc.) _____
- TOTAL Shelter Costs** (Lines 13 + 14 + 15) **E.** _____

F. SHELTER DEDUCTIONS

16. Total Shelter Cost (Line E) _____

17. One-Half of Adjusted Income (Line D divided by 2) _____

18. Excess Shelter Costs (Line 16 minus 17): (If negative enter \$0) _____

Excess Shelter Deduction - Enter line 18 up to **maximum of \$446**. If household contains an elderly or disabled household member, enter full amount. **F.** _____

G. NET FOOD STAMP INCOME (must be at or below 100% FPL unless household is categorically

19. Adjusted Income (Line D) _____

20. Maximum Excess Shelter Deduction (Line F) _____

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

H. FOOD STAMP ENTITLEMENT

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

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

ESTIMATED FOOD STAMP BENEFITS (lines 21 minus 22) **H.** _____

Note: 1 & 2 person households whose net income does not exceed 100% of FPL or who are categorically eligible automatically receive a minimum grant of \$14, even if line **H** is less than \$14. Households of 3 or more with grant of zero or less are ineligible.

Household Size	200% of Poverty	**Maximum Monthly Income of Household Living with Disabled Elderly (165% of Poverty)	Maximum Gross Monthly Income (130% of Poverty)	Maximum Net Monthly Income (100% of Poverty)	Thrifty Food Plan (Maximum Allotment)
1	\$1733	\$1430	\$ 1127	\$ 867	\$176
2	2333	1925	1517	1167	323
3	2933	2420	1907	1467	463
4	3533	2915	2297	1767	588
5	4133	3410	2687	2067	698
6	4733	3905	3077	2367	838
7	5333	4400	3467	2667	926
8	5933	4895	3857	2967	1058
Each Add'l Member	+ \$600	+495	+390	+300	+132

*A disabled and elderly person (and spouse) living with others can be treated as a separate FS household even if unable to purchase and prepare meals separately, as long as the income of the household with which (s)he (or they) reside does not exceed 165%FPL. (A disabled person who has his food purchased and prepared separately, even if by someone in the household, is a separate FS household.)

Empire Justice Center
 119 Washington Avenue
 Albany, NY 12210
 Phone: (518) 462-6831
 Fax: (518) 462-6687
www.empirejustice.org