

# SNAP Budget Worksheet – effective 10/1/18 through 9/30/19

## INCOME

1 **Gross monthly earned income**

2 **Monthly unearned income**

3 **Gross income:** add Lines 1 and 2

4 **Child support paid**

5 **Adjusted gross income:** Line 3 minus Line 4  
*See chart A—cannot exceed correct gross income test*

6 **Earned income deduction:** Line 1 multiplied by 20%

7 **Standard deduction:** see chart B

8 **Dependent care:** use actual costs

9 **Homeless deduction** (\$143)

10 **Medical expenses over \$35/month**  
*Available **only** to elderly/disabled household members*

11 **Total deductions:** add Lines 6 through 10

12 **Adjusted income:** Line 5 minus Line 11  
If the amount is a negative number, enter \$0.

13 **Rent/mortgage**

14 **Standard Utility Allowance (SUA):** see chart C

15 **Other shelter** (taxes, etc)

16 **Total shelter expenses:** add Lines 13 through 15

17 **Divide adjusted income (Line 12) by 2**

17a **Shelter excess:** Line 16 minus Line 17. If the amount is greater than \$552, enter \$552. If there are elderly/disabled household members, enter the full dollar amount. If the amount is a negative number, enter \$0.

18 **Net income:** Line 12 minus Line 17a.  
If the amount is a negative number, enter \$0.  
***Only** for households that are **not** categorically eligible—see chart A*

19 **Maximum SNAP benefit amount:** see chart D

20 **Net income (Line 18) multiplied by 30%**

21 **Estimated benefit:** Line 19 minus Line 20

*All 1-2 person households that pass the net income test or are categorically eligible automatically receive a minimum \$15 allotment, even if Line 21 is less than \$15.*

*Categorically eligible households with 3 or more members who yield a zero or negative monthly SNAP benefit (Line 21) will **not** be eligible for SNAP benefits.*

## DEDUCTIONS

## BENEFIT ALLOTMENT

## All Effective 10/1/18 through 9/30/19

*Lines 5 & 18*

### A. Federal Poverty Limit (FPL) Monthly Gross Income Test by Family Size

Family Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL Net Income Test
1	\$2,023	\$1,518	\$1,316	\$1,670	\$1,012
2	\$2,743	\$2,058	\$1,784	\$2,264	\$1,372
3	\$3,463	\$2,598	\$2,252	\$2,858	\$1,732
4	\$4,183	\$3,138	\$2,720	\$3,452	\$2,092
5	\$4,903	\$3,678	\$3,188	\$4,046	\$2,452
6	\$5,623	\$4,218	\$3,656	\$4,640	\$2,812
7	\$6,343	\$4,758	\$4,124	\$5,234	\$3,172
8	\$7,063	\$5,298	\$4,592	\$5,828	\$3,532
Each Additional Person	+ \$720	+ \$540	+ \$468	+ \$594	+ \$360

**200% FPL:** households containing elderly and/or disabled members or that has out-of-pocket dependent care costs (Line 8)

**150% FPL:** households that do not meet 200% criteria, but have earned income on Line 1

**130% FPL:** households not meeting criteria for 200% or 150%

**165% FPL:** only for severely disabled and elderly people with disabilities who live with others and are unable to purchase and prepare their own food

**100% FPL:** households that are not categorically eligible must meet a net income test

*Line 7*

### B. Standard Deductions

Family Size	Amount
1-3	\$164
4	\$174
5	\$204
6+	\$234

*Line 14*

### C. Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3 (telephone)
<b>New York City</b>	\$800	\$316	\$30
<b>Nassau &amp; Suffolk Counties</b>	\$744	\$292	\$30
<b>Rest of State</b>	\$661	\$268	\$30

*Line 19*

### D. Maximum SNAP Benefit Amounts (Thrifty Food Plan) by Family Size

Family Size	Maximum Benefit
1	\$192
2	\$353
3	\$505
4	\$642
5	\$762
6	\$914
7	\$1,011
8	\$1,155
Each Additional Person	+ \$144

**A step-by-step guide for using this worksheet is available in the "Budget Worksheet" section of our SNAP Prescreening Guide.**