

# SNAP Budget Worksheet — effective 10/1/21 through 9/30/22

## 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** (\$159.73)

**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 \$597, enter \$597. 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

## DEDUCTIONS

## BENEFIT ALLOTMENT

*All one- and two-person households that pass the net income test or are categorically eligible automatically receive a minimum \$20 allotment, even if Line 21 is less than \$20.*

*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.*

## All Effective 10/1/21 through 9/30/22

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	\$2,147	\$1,610	\$1,396	\$1,771	\$1,074
2	\$2,903	\$2,178	\$1,888	\$2,396	\$1,452
3	\$3,660	\$2,745	\$2,379	\$3,020	\$1,830
4	\$4,417	\$3,313	\$2,871	\$3,644	\$2,209
5	\$5,173	\$3,880	\$3,363	\$4,268	\$2,587
6	\$5,930	\$4,448	\$3,855	\$4,893	\$2,965
7	\$6,687	\$5,015	\$4,347	\$5,517	\$3,344
8	\$7,443	\$5,583	\$4,839	\$6,141	\$3,722
Each Additional Person	+\$757	\$568	+\$492	+\$625	+\$379

**200% FPL:** households containing elderly and/or disabled members or that have 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	\$177
4	\$184
5	\$215
6+	\$246

Line 14

### C. Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3 (telephone)
<b>New York City</b>	\$852	\$336	\$31
<b>Nassau &amp; Suffolk Counties</b>	\$792	\$311	\$31
<b>Rest of State</b>	\$703	\$285	\$31

Line 19

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

Family Size	Maximum Benefit
1	\$250
2	\$459
3	\$658
4	\$835
5	\$992
6	\$1,190
7	\$1,316
8	\$1,504
Each Additional Person	+\$188

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