

SNAP Budget Worksheet – effective 1/1/21 through 9/30/21

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** (\$156.74)

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 \$586, enter \$586. 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 one- and two-person households that pass the net income test or are categorically eligible automatically receive a minimum \$19 allotment, even if Line 21 is less than \$19.

*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



HUNGER SOLUTIONS
NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

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This institution is an equal opportunity provider.

All Effective 1/1/21 through 9/30/21

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	\$2,126	\$1,595	\$1,383	\$1,755	\$1,064
2	\$2,873	\$2,155	\$1,868	\$2,371	\$1,437
3	\$3,620	\$2,715	\$2,353	\$2,987	\$1,810
4	\$4,366	\$3,275	\$2,839	\$3,603	\$2,184
5	\$5,113	\$3,835	\$3,324	\$4,219	\$2,557
6	\$5,860	\$4,395	\$3,809	\$4,835	\$2,930
7	\$6,606	\$4,955	\$4,295	\$5,451	\$3,304
8	\$7,353	\$5,515	\$4,780	\$6,067	\$3,677
Each Additional Person	+\$746	\$560	+\$486	+\$616	+\$374

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	\$167
4	\$181
5	\$212
6+	\$243

Line 14

C. Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3 (telephone)
New York City	\$801	\$316	\$30
Nassau & Suffolk Counties	\$744	\$292	\$30
Rest of State	\$661	\$268	\$30

Line 19

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

Family Size	Maximum Benefit
1	\$234
2	\$430
3	\$616
4	\$782
5	\$929
6	\$1,114
7	\$1,232
8	\$1,408
Each Additional Person	+\$176

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