SNAP Budget Worksheet — *effective 10/1/26 through 9/30/27*

INCOME

1	**Gross monthly earned income**	
2	**Monthly unearned income**	
3	**Gross income:** add Lines 1 and 2	

DEDUCTIONS

4	**Child support paid**	
5	**Adjusted gross income:** Line 3 minus Line 4 *Cannot exceed correct gross income test—see reverse side*	
6	**Earned income deduction:** Line 1 multiplied by 20%	
7	**Enter Standard deduction**—*see reverse side*	
8	**Dependent care:** use actual costs	
9	**Homeless deduction**—*see reverse side*	
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 reverse side*	
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 $769, enter $769. If there are elderly/disabled household members, enter the full dollar amount. If the amount is a negative number, enter $0.	

BENEFIT ALLOTMENT

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*	
19	**Maximum SNAP benefit amount**—*see reverse side*	
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 $25 allotment, even if Line 21 is less than $25.*

*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.*

HUNGER SOLUTIONS NEW YORK UNITING POLICIES AND PROGRAMS TO END HUNGER

HungerSolutionsNY.org

9/2026. This material was funded, in part, by the USDA's Supplemental Nutrition Assistance Program – SNAP.
This institution is an equal opportunity provider.

SNAP Standards & Deductions Reference Sheet

All effective 10/1/26 through 9/30/27

Federal Poverty Limit (FPL) Monthly Gross Income Test by Household Size

Household Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL
1	$2,660	$1,995	$1,729	$2,195	$1,330
2	$3,607	$2,705	$2,345	$2,976	$1,804
3	$4,553	$3,415	$2,960	$3,757	$2,277
4	$5,500	$4,125	$3,575	$4,538	$2,750
5	$6,447	$4,835	$4,191	$5,319	$3,224
6	$7,393	$5,545	$4,806	$6,100	$3,697
7	$8,340	$6,255	$5,421	$6,881	$4,170
8	$9,287	$6,965	$6,037	$7,662	$4,644
Each Additional Person	+$947	+$710	+$616	+$781	+$474

200% FPL: Households with elderly/disabled members or out-of-pocket dependent care costs

150% FPL: Households with earned income that do not meet 200% criteria

130% FPL: Households not meeting criteria for 200% or 150%

165% FPL: Only for severely disabled and elderly people with disabilities living with others and unable to purchase and prepare their own food

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

Standard Deductions

Household Size	Amount
1-3	$217
4	$229
5	$268
6+	$308

Maximum SNAP Benefit Amounts (Thrifty Food Plan)

Household Size	Maximum Benefit
1	$306
2	$562
3	$808
4	$1,023
5	$1,217
6	$1,463
7	$1,616
8	$1,841
Each Additional Person*	+$225

*The maximum benefit is capped at $3,887

Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3
New York City	$1,100	$434	$33
Nassau & Suffolk Counties	$1,023	$402	$33
Rest of State	$908	$368	$33

Other

Homeless Shelter Deduction: $205.66
Maximum Shelter Deduction: $769.00
Minumum SNAP Benefit for One & Two Person Households: $25.00
Resource Limits: $4,750 for Hh with senior/disabled member, $3,000 for all other households