

SNAP Budget Worksheet — effective 10/1/24 through 9/30/25

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
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** (\$190.30)



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 \$712, enter \$712. 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*

19 **Maximum SNAP benefit amount—see reverse side**

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 \$23 allotment, even if Line 21 is less than \$23.

*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.*

SNAP Standards & Deductions Reference Sheet

All effective 10/1/24 through 9/30/25

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

Household Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL
1	\$2,510	\$1,883	\$1,632	\$2,071	\$1,255
2	\$3,407	\$2,555	\$2,215	\$2,811	\$1,704
3	\$4,303	\$3,228	\$2,798	\$3,551	\$2,152
4	\$5,200	\$3,900	\$3,380	\$4,290	\$2,600
5	\$6,097	\$4,573	\$3,963	\$5,030	\$3,049
6	\$6,993	\$5,245	\$4,546	\$5,770	\$3,497
7	\$7,890	\$5,918	\$5,129	\$6,510	\$3,945
8	\$8,787	\$6,590	\$5,712	\$7,249	\$4,394
Each Additional Person	+\$897	+\$673	+\$583	+\$740	+\$449

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	\$204
4	\$217
5	\$254
6+	\$291

Maximum SNAP Benefit Amounts (Thrifty Food Plan)

Household Size	Maximum Benefit
1	\$292
2	\$536
3	\$768
4	\$975
5	\$1,158
6	\$1,390
7	\$1,536
8	\$1,756
Each Additional Person	+\$220

Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3
New York City	\$1,034	\$408	\$31
Nassau & Suffolk Counties	\$962	\$378	\$31
Rest of State	\$854	\$346	\$31

Other



Homeless Shelter Deduction: \$190.30

Maximum Shelter Deduction: \$712.00

Minimum SNAP Benefit for One & Two Person Households: \$23.00

Resource Limits: \$4,500 for Hh with senior/disabled member, \$3,000 for all other households