

SNAP Budget Worksheet — effective 10/1/23 through 9/30/24

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** (\$179.66)



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 \$672, enter \$672. 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 10/1/23 through 9/30/24

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

Household Size	200% FPL	150% FPL	130% FPL	165% FPL	100% FPL
1	\$2,430	\$1,823	\$1,580	\$2,005	\$1,215
2	\$3,287	\$2,465	\$2,137	\$2,712	\$1,644
3	\$4,143	\$3,108	\$2,694	\$3,419	\$2,072
4	\$5,000	\$3,750	\$3,250	\$4,125	\$2,500
5	\$5,857	\$4,393	\$3,807	\$4,832	\$2,929
6	\$6,713	\$5,035	\$4,364	\$5,539	\$3,357
7	\$7,570	\$5,678	\$4,921	\$6,246	\$3,785
8	\$8,427	\$6,320	\$5,478	\$6,952	\$4,214
Each Additional Person	+\$857	+\$643	+\$557	+\$707	+\$429

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	\$198
4	\$208
5	\$244
6+	\$279

Maximum SNAP Benefit Amounts (Thrifty Food Plan)

Household Size	Maximum Benefit
1	\$291
2	\$535
3	\$766
4	\$973
5	\$1,155
6	\$1,386
7	\$1,532
8	\$1,751
Each Additional Person	+\$219

Standard Utility Allowances (SUA)

	Level 1	Level 2	Level 3
New York City	\$992	\$391	\$31
Nassau & Suffolk Counties	\$923	\$363	\$31
Rest of State	\$819	\$332	\$31

Other



Homeless Shelter Deduction: \$179.66

Maximum Shelter Deduction: \$672.00

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

Resource Limits: \$4,250 for Hh with senior/disabled member, \$2,750 for all other households