

New York State SNAP Budget Worksheet
(Effective January 1, 2021 – June 30, 2021)

Number in Household: _____

A. GROSS INCOME

1. Monthly Gross Earned Income (i.e. salary, self-employment) Enter the average monthly earned income amount before taxes or other deductions are taken	1 _____
2. Monthly Net Income from Boarder/Lodger (Exclude first \$204 for one boarder/lodger, \$374 for two boarder/lodgers)	2 _____
3. Total Monthly Earned Income (Add lines 1+2)	3 _____
4. a. Monthly Gross Unearned Cash Assistance amount (Do not include government rent subsidies, such as FHEPS)	4a _____
b. Monthly Gross Unearned Social Security Retirement/SSDI/SSI	4b _____
c. Monthly Gross Unearned "Other Income" (Child support received, UIB, pensions, etc.)	4c _____
d. Monthly Net Rental Income. Enter the net monthly rental income amount if a household member spends less than 20 hours a week on average managing the property.	4d _____
5. Total Monthly Unearned Income (Add lines 4a + 4b + 4c + 4d)	5 _____
6. Child Support Payments. Enter amount actually paid (legally obligated, court ordered, support payments)	6 _____
7. Adjusted Monthly Gross Income (Add lines 3+5, minus line 6)	A.7 _____

B. MAXIMUM MONTHLY GROSS INCOME TEST – Enter the appropriate Monthly Gross Income amount based on household size (see Chart on the back for these amounts.) Households with an elderly or disabled person do not have to pass a monthly gross income test; thus, you may proceed with the SNAP budgeting process regardless of the amount on line A7. Households with:

- Earned income, who have accepted a job, are looking for work, attending employment training programs or pursuing education that is preparatory to employment **and** with out-of-pocket child/dependent care expenses, enter 200% FPL
- Earned income and no out-of-pocket child/dependent care expenses, enter 150% FPL
- No earned income and no out-of-pocket child/dependent care expenses, enter 130% FPL.

If line B is lower than the amount on line A7, the household does not pass the monthly gross income test and thus are not eligible for SNAP.

B. _____

C. DEDUCTIONS

8. Deduction on Monthly Gross Earned Income (20% x Line 3)	8 _____										
9. Standard Deduction based on household size. Enter applicable amount.	9 _____										
<table border="1"> <thead> <tr> <th>Household Size</th> <th>Deduction</th> </tr> </thead> <tbody> <tr> <td>1 – 3</td> <td>\$167</td> </tr> <tr> <td>4</td> <td>\$181</td> </tr> <tr> <td>5</td> <td>\$212</td> </tr> <tr> <td>6 and over</td> <td>\$243</td> </tr> </tbody> </table>	Household Size	Deduction	1 – 3	\$167	4	\$181	5	\$212	6 and over	\$243	
Household Size	Deduction										
1 – 3	\$167										
4	\$181										
5	\$212										
6 and over	\$243										
10. Child Care/Dependent Costs - Enter the monthly out-of-pocket costs for the care of a child or other dependent (including an incapacitated adult) when necessary for a household member to accept or continue employment, seek employment, attend training or pursue education preparatory to employment.	10 _____										
11. Homeless Income Deduction – Enter \$156.74 (if undomiciled and not residing in continuous shelter) <ul style="list-style-type: none"> • Homeless households <u>are not</u> able to take any deductions under “Monthly Shelter Costs”. • Households incurring a shelter cost greater than \$156.74 per month should, instead, take the deductions allowed under the “Monthly Shelter Costs”. 	11 _____										
12. Medical Expense – Only for Elderly/Disabled Household Members. Exclude the first \$35. (Add all unreimbursed medical expenses and subtract \$35, enter that amount here.)	12 _____										
13. Total Deductions (Add lines 8 + 9 + 10+ 11 + 12)	C.13 _____										

D. ADJUSTED INCOME (Line A.7 - Line C.13) **D. _____**

E. MONTHLY SHELTER COSTS																	
14. Monthly amount household actually pays for rent/mortgage	14 _____																
15. Standard Utility Allowance (SUA) Levels in NYS. Use the amounts below according to where the household lives. <ul style="list-style-type: none"> • Level I – Enter this amount if there are heating/cooling costs or the household has received a HEAP benefit of \$21 or more in the current month or in the immediately preceding 12 months. • Level II - Enter this amount if the household is ineligible for or did not receive HEAP for the current program year, has no heating/cooling costs, but has utility costs. • Level III – Enter this amount if the household is ineligible for or did not receive HEAP for the current program year, has no heating/cooling or utility costs, but has a phone. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 30%;"></th> <th style="width: 15%;">Level 1</th> <th style="width: 15%;">Level II</th> <th style="width: 15%;">Level III</th> </tr> </thead> <tbody> <tr> <td>NYC (5 boroughs)</td> <td>\$801</td> <td>\$316</td> <td>\$30</td> </tr> <tr> <td>Long Island (Nassau and Suffolk counties)</td> <td>\$744</td> <td>\$292</td> <td>\$30</td> </tr> <tr> <td>Other Areas in NYS</td> <td>\$661</td> <td>\$268</td> <td>\$30</td> </tr> </tbody> </table>		Level 1	Level II	Level III	NYC (5 boroughs)	\$801	\$316	\$30	Long Island (Nassau and Suffolk counties)	\$744	\$292	\$30	Other Areas in NYS	\$661	\$268	\$30	15 _____
	Level 1	Level II	Level III														
NYC (5 boroughs)	\$801	\$316	\$30														
Long Island (Nassau and Suffolk counties)	\$744	\$292	\$30														
Other Areas in NYS	\$661	\$268	\$30														
16. Other Owned-Property Shelter Costs: Taxes, Insurance, Repairs – when homes are damaged in disasters	16 _____																
17. Total Shelter Cost (Add lines 14+ 15+ 16)	E.17 _____																
F. EXCESS SHELTER DEDUCTIONS																	
18. Total Shelter Cost = Line E.17	18 _____																
19. One-Half of Adjusted Income = Line D divided by 2	19 _____																
20. Shelter Deduction = Line 18 minus Line 19. If negative, enter \$0	20 _____																
21. For non-elderly/non-disabled households enter the amount on line 20, up to a maximum of \$586. For elderly/disabled households enter the full amount on line 20. If it is a negative number, enter \$0.	F. 21 _____																
G. SNAP NET INCOME																	
22. Adjusted Income = Line D	22 _____																
23. Maximum Excess Shelter Deduction = Line F.21	23 _____																
24. Monthly Net SNAP Income (Line 22 minus Line 23)	G. 24 _____																
H. Potential SNAP Benefit																	
25. Enter Thrifty Food Plan amount for H.H. size (See Chart below)	25 _____																
26. Multiply Monthly Net SNAP Income by 30% (Line G.24 x .30)	26 _____																
27. SNAP Recoupment (if applicable)	27 _____																
28. Potential SNAP Allotment: (Line 25 minus Line 26 minus Line 27)	H. 28 _____																

*Amounts Effective January 1, 2021 – June 30, 2021				
		Maximum Monthly Gross Income Test		
HH Size	*HH Thrifty Food Plan Monthly Amount	Households without Earned Income 130% FPL	Households with Earned Income 150% FPL	Households with Child/ Dependent Care Costs 200% FPL
1	\$234	\$1,383	\$1,595	\$2,126
2	\$430	\$1,868	\$2,155	\$2,873
3	\$616	\$2,353	\$2,715	\$3,620
4	\$782	\$2,839	\$3,275	\$4,366
5	\$929	\$3,324	\$3,835	\$5,113
6	\$1,114	\$3,809	\$4,395	\$5,860
7	\$1,232	\$4,295	\$4,955	\$6,606
8	\$1,408	\$4,780	\$5,515	\$7,353
Add	\$176	+\$486	+\$560	+\$746