

FOOD STAMP BUDGET WORK SHEET

For Households with No Elderly (60 or Over) or Disabled Member

PART I: Find Gross Income Eligibility

	Case Number (Optional)		_____
	Case Name (Optional)		_____
A.	Household Size		_____ (A)
B.	Gross Monthly Earned Income		_____ (B)
C.	Add Other Unearned Income (UIB, Child Support, TA, etc.)	+	_____ (C)
D.	GROSS MONTHLY INCOME	=	_____ (D)

Compare GROSS MONTHLY INCOME (D) to chart. (If GROSS MONTHLY INCOME is higher than MAXIMUM GROSS, household is ineligible.)

Household Size	1	2	3	4	5	6	7	8	+1
Maximum Gross									

PART II: Find Net Income

E.	Gross Monthly Earned Income		_____ (B)
F.	Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5)	-	_____ (F)
G.	Net Monthly Earned Income (B – F)	=	_____ (G)
H.	Add Other Unearned Income (UIB, Child support, TA, GA, etc.)	+	_____ (C)
I.	Subtotal Monthly Income (C + G)	=	_____ (I)
J.	Subtract Standard Deduction (\$246)	-	_____ (J)
K.	Subtotal (I - \$246)	=	_____ (K)
L.	Subtract Dependent Care Costs	-	_____ (L)
M.	Subtract Child Support Deduction (Actual amount expected to be paid)	-	_____ (M)
N.	TOTAL ADJUSTED INCOME [K – (L + M)]	=	_____ (N)

FIND MONTHLY SHELTER COSTS:

1. Rent/Mortgage			
2. Insurance on Home			
3. Property Tax			
4. Garbage Collection			
5. Heating Fuel			
6. Telephone			
7. Electricity			
8. Water			
9. Sewer			
	(a) Subtotal 1 thru 3		_____ (a)
	<i>If household incurs heating fuel cost, use SUD. If household does not incur heating fuel costs, use the Non-heating utility standard (NHUS) for 6 – 9.</i>		
	(b) Subtotal SUD or total 4, 6, 7, 8, 9		_____ (b)

O.	TOTAL MONTHLY SHELTER COSTS (a + b)		_____ (O)
P.	Subtract ½ OF Total Adjusted Income (N ÷ 2)	-	_____ (P)
Q.	Excess Shelter Costs (O – P)	=	_____ (Q)
	Enter Total Adjusted Income (N)		_____ (N)
	Subtract Excess Shelter Costs up to \$713 maximum (Q)	-	_____ (Q)
R.	MONTHLY NET INCOME (N – Q or N - \$713 IF Q > \$713)	=	_____ (R)

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- S. Compare MONTHLY NET INCOME (R) to chart.
If prospective net income exceeds the amount on the chart, the household is ineligible.

Household Size	1	2	3	4	5	6	7	8	+1
Maximum Net Income									

PART III: Find food Stamp Benefit Amount

- T. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: (T)

HH Size		1	2	3	4	5	6	7	8	+1
Maximum FS Allotment	Urban									
	Rural I									
	Rural II									

- U. Multiply the MONTHLY NET INCOME (R) by 0.3 (R x 0.3) to find the ADJUSTED FOOD STAMP INCOME (U) - _____ (U)
- V. Subtract the ADJUSTED FOOD STAMP INCOME (U) from the MAXIMUM FOOD STAMP ALLOTMENT (T) (T – U) = _____ (V)
- W. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (W) _____ (W)
- X. If there are 3 or more household members, and (W) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 _____ (X)
- Y. If there are 1 or 2 household members, and (W) is less than the minimum benefit, round up to the minimum benefit. If the ADJUSTED FOOD STAMP INCOME (U) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (T), the allotment is the minimum benefit. _____ (Y)
- Z. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (W), or (X), or (Y) if they apply) (Z)

PART IV: Pro-rate the First Month Food Stamp Benefit

- 1) Number of days in month + 1 (1)
- 2) **Subtract** the day of the month the household applied - (2)
- 3) Subtotal (1 – 2) = _____ (3)
- 4) **Divide** by number of days in month (28 or 29 or 30 or 31) ÷ (4)
- 5) Subtotal (3 ÷ 4) = _____ (5)
- 6) **Multiply** by the MONTHLY FOOD STAMP BENEFIT AMOUNT (5 x Z) x _____ (6)
- 7) Unrounded food stamp benefit amount = _____ (7)
- 8) Round down to the next whole dollar to find the FOOD STAMP BENEFIT AMOUNT. If rounded amount is less than \$10, household gets no allotment for first month.) (8)