

**Empire Justice Center's SNAP Budget Worksheet for New York State
(Effective October 1, 2016 through September 30, 2017)**

No resource limit (categorical eligibility) for households (hhs) except elderly/disabled hh with income over 200% of FPL or hh with sanctioned/disqualified member. For these hhs, resource limits remain \$2250 (\$3250 for aged or disabled).

A. GROSS INCOME		
1.	Monthly Gross Earned Income (salary, self-employment, etc.)	_____
2.	Monthly Income from Boarder/Lodger (exclude first \$194 for one, \$357 for two)	_____
3.	Total Gross Monthly EARNED Income (Lines 1 + 2)	_____
4.	a. Monthly UNEARNED Public Assistance	_____
	b. Monthly UNEARNED SSA/SSI/SSD	_____
	c. Other Monthly UNEARNED (e.g. unemployment, child support)	_____
	d. Monthly RENTAL Income (after subtracting costs)	_____
5.	Total Gross Monthly UNEARNED (Line 4a + 4b + 4c + 4d)	_____
6.	Total Gross Monthly EARNED and UNEARNED Income (Line 3 + 5)	_____
7.	MINUS Legally Obligated Child Support	_____
	ADJUSTED GROSS INCOME (Line 6 - 7)	A. _____

B. MAXIMUM GROSS MONTHLY INCOME	B. _____
130% FPL, 150% FPL or 200% FPL for hhs with dependent care costs; no limit for elderly/disabled hhs***	

C. DEDUCTIONS		
8.	20% deduction on Gross Earned Income (20% x Line 3)	_____
9.	Standard deduction based on hh size 1-3 people \$157 ; 4 people \$168 ; 5 people \$197 ; 6+ people \$226	_____
10.	Child/dependent care costs (actual)	_____
11.	Homeless shelter deduction (\$143 for undomiciled)	_____
12.	Unreimbursed Medical Costs (ONLY for elderly or disabled - exclude the first \$35)	_____
	TOTAL DEDUCTIONS (Lines 8+9+10+11+12)	C. _____

D. ADJUSTED INCOME (Line A minus Line C)	D. _____
100% FPL if hh is not categorically eligible	

E. MONTHLY SHELTER COSTS		
13.	Actual rent/mortgage billed to hh	_____
14.	Standard utility allowance (Choose Level 1, 2 OR 3)	_____
	NYC Level 1: \$758 ; Level 2: \$300 ; Level 3: \$33	
	Long Island Level 1: \$706 ; Level 2: \$277 ; Level 3: \$33	
	Rest of State Level 1: \$627 ; Level 2: \$254 ; Level 3: \$33	
	Level 1 - incur heating/cooling cost OR received more than \$20 in HEAP within last 12 months or during month of application	
	Level 2 - incur non-heating utility cost	
	Level 3 - phone only	
15.	Costs for Applicant Owned Property (Property taxes, Insurance, Repairs, etc.)	_____
	TOTAL SHELTER COSTS (Lines 13+14+15)	E. _____

SHELTER DEDUCTIONS		
16.	Total Shelter costs (Re-enter Line E)	_____
17.	One-half of Adjusted Income (Divide Line D by 2)	_____
18.	Excess shelter costs (Line 16 - Line 17) If negative, enter \$0	_____
	Excess Shelter Deduction -	F. _____
	Re-enter amount from line 18 for elderly/disabled hh.	
	For non-elderly/non-disabled hh , enter amount of line 18 up to maximum of \$517 .	

G.	NET SNAP INCOME (must be at/below 100% FPL unless hh is categorically eligible)	_____
19.	Adjusted Income (Enter Line D)	_____
20.	Excess Shelter Deduction (Enter Line F)	_____
	Monthly Net SNAP Income (Line 19 minus Line 20) (Negative = \$0)	G. _____

H.	SNAP Entitlement	_____
21.	Enter Thrifty Food Plan amount for hh size (chart, last column)	_____
22.	Multiply Net SNAP Income by 30% (Line G x .30)	_____
	ESTIMATED SNAP BENEFIT (Line 21 minus Line 22)	H. _____
<p><i>Note: 1 & 2 person hhs whose net income does not exceed 100% of FPL or who are categorically eligible, automatically receive a minimum grant of \$16, even if line H is less than \$16. Hhs of 3 or more with \$0 grant or less are ineligible</i></p>		

HH size	200% FPL	165% FPL*	150% FPL	130% FPL	100% FPL	Thrifty Food Plan
1	\$1,980	\$1,634	\$1,485	\$1,287	\$990	194.00
2	\$2,670	\$2,203	\$2,003	\$1,736	\$1,335	357.00
3	\$3,360	\$2,772	\$2,520	\$2,184	\$1,680	511.00
4	\$4,050	\$3,342	\$3,038	\$2,633	\$2,025	649.00
5	\$4,740	\$3,911	\$3,555	\$3,081	\$2,370	771.00
6	\$5,430	\$4,480	\$4,073	\$3,530	\$2,715	925.00
7	\$6,122	\$5,051	\$4,592	\$3,980	\$3,061	1,022.00
8	\$6,815	\$5,623	\$5,112	\$4,430	\$3,408	1,169.00
add'tl	+693	+572	+520	+451	+347	146.00

**A disabled and elderly person (and spouse) living w/ others can be a separate hh, even if food is not being separately purchased and prepared, as long as income of other people does not exceed 165% FPL*

****130% FPL generally; 150% FPL if hh has earnings, does not contain sanctioned or elderly/disabled member, and does not pay dependent care costs; 200% FPL if hh contains elderly/disabled member or pays dependent care costs; if elderly/disabled hh has gross income over 200% FPL, they must have net income at/below 100% FPL AND have countable resources below \$3250.*

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For NYSNIP matrix, see <http://otda.ny.gov/policy/gis/2016/16DC050.pdf>
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