

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 (\$229 for HH of 5 or less, \$232 for HH > 5) - _____ (J)
- K. Subtotal (I - J) = _____ (K)
- L. **Subtract** Dependent Care Costs (\$175/\$200) per dependent maximum) - _____ (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 _____ (a) Subtotal 1 thru 3 _____ (a)
4. Garbage Collection _____
5. Heating Fuel _____ *If household incurs heating fuel cost, use SUD.*
6. Telephone _____ *If household does not incur heating fuel costs, use the*
7. Electricity _____ *Non-heating utility standard (NHUS) for 6 – 9.*
8. Water _____
9. Sewer _____ (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 \$666 maximum (Q) - _____ (Q)
- R. **MONTHLY NET INCOME** (N – Q or N - \$666 IF Q > \$666) = _____ (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	Urban	\$183	\$336	\$482	\$612	\$726	\$872	\$964	\$1,101	\$138
	Rural I	\$234	\$429	\$614	\$780	\$926	\$1,112	\$1,229	\$1,405	\$176
Allotment	Rural II	\$285	\$522	\$748	\$950	\$1,128	\$1,353	\$1,496	\$1,710	\$214

- 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 \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (U) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (T), the allotment is \$10. _____ (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)