

State of Alaska
Department of Health
Division of Public Assistance

SNAP BUDGET WORKSHEET

For For Broad Based Categorical Eligibility (200% FPL)

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 (\$348 for HH of 5 or less, \$364 for HH > 5) – _____ (J)
- K. Subtotal (I - J) = _____ (K)
- L. **Subtract** Dependent Care Costs – _____ (L)
- M. **Subtract** Child Support Deduction (Actual amount expected to be paid) – _____ (M)
- N. **Subtract** Homeless Shelter Deduction – _____ (N)
- O. **TOTAL ADJUSTED INCOME** [K – (L + M + N)] = _____ (O)

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)

- P. **TOTAL MONTHLY SHELTER COSTS** (a + b) = _____ (P)
- Q. **Subtract** ½ OF Total Adjusted Income (O ÷ 2) – _____ (Q)
- R. Excess Shelter Costs (P-Q) = _____ (R)
- Enter Total Adjusted Income (O) _____ (O)
- Subtract** Excess Shelter Costs up to \$1137 maximum (R) – _____ (R)
- S. **MONTHLY NET INCOME** (O – R or O - \$1137 IF R > \$1137) = _____ (S)

SNAP BUDGET WORKSHEET, page 2

For For Broad Based Categorical Eligibility (200% FPL)

PART III: Find SNAP Benefit Amount

T. Find MAXIMUM SNAP 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 (S) by 0.3 (S x 0.3) to find the
ADJUSTED SNAP INCOME (U) – _____ (U)

V. Subtract the ADJUSTED SNAP INCOME (U) from
the MAXIMUM SNAP ALLOTMENT (T) (T – U) = _____ (V)

W. Round down to the next whole dollar to find the
MONTHLY SNAP BENEFIT AMOUNT (W) _____ (W)

X. If there are 3 or more household members, and (V) 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
SNAP INCOME (U) is greater than the MAXIMUM SNAP ALLOTMENT
(T), the allotment is the minimum benefit. _____ (Y)

Z. **MONTHLY SNAP BENEFIT AMOUNT:**
(Enter (W), or (X), or (Y) if they apply) (Z)

PART IV: Pro-rate the First Month SNAP 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 SNAP BENEFIT AMOUNT (5 x Z) x _____ (6)

7) Unrounded SNAP benefit amount = _____ (7)

8) Round down to the next whole dollar to find the SNAP BENEFIT
AMOUNT. If rounded amount is less than \$10, household gets no allotment for
first month.) (8)

Note: Except for the initial month, eligible one and two-person households are entitled to a minimum benefit, see SNAP MS 603-3(A). Refer to Addendum 4 for minimum benefit amounts.