

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 (\$358 for HH of 5 or less, \$374 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 \$1189 maximum (R) – \_\_\_\_\_ (R)
- S. **MONTHLY NET INCOME** (O – R or O - \$1189 IF R > \$1189) = \_\_\_\_\_ (S)

# SNAP BUDGET WORKSHEET, page 2

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### 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.