State of Alaska Department of Health Division of Public Assistance

SNAP BUDGET WORKSHEET

For Households with Elderly (60 or Over) or Disabled Member

PART I: Find Net Income

	Case Number (Optional)		
	Case Name (Optional)		
A.	Household Size		
B.	Gross Monthly Earned Income		
C.	Subtract Earned Income Deduction (20% of Earned Income) (B \div 5)		
D.	Net Monthly Earned Income (B – C)	=	
E.	Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.	c.) +	
F.	Subtotal Monthly Income (D + E)	=	
G.	Subtract Standard Deduction (\$348 for HH of 5 or less, \$364 for HH > 5)		
H.	Subtotal (F - G)	=	
l.	Subtract Medical Costs over \$35 (Total medical cost - \$35)		
J.	Subtotal (H – I)	=	
K. L. M.	Subtract Dependent Care Costs Subtract Child Support Deduction (Actual amount expected to be paid) Subtract Homeless Shelter Deduction	- - -	
N.	TOTAL INCOME [J – (K + L+M)]	=	
	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) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (a) Subtotal 1 thru 3 (b) Subtotal 1 thru 3 (c) Non-heating fuel cost, use 1 through 1 t	costs, use the 6–9.	(a)
Ο.	TOTAL MONTHLY SHELTER COSTS (a + b)	=	
P.	Subtract ½ OF Total Adjusted Income (N ÷ 2)		
Q.	Excess Shelter Costs (O – P)	=	
	Enter Total Adjusted Income (N)		
	Subtract Excess Shelter Costs (Q)		
R.	MONTHLY NET INCOME (N – Q)	=	

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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 II: Find SNAP Benefit Amount

	AIVI	i. i iiid 3	IIAI DC	Helit Ali	iouiit					
.Т	F	ind MAXIMU	M SNAP AL	LOTMENT	from char	t below:		_		(T)
HH Size		1	2	3	4	5	6	7	8	+1
Maximum	Urban									
FS	Rural I									
Allotment	Rural II									
U.	Α	lultiply the M	NAP INCOI	ME (U)	. , ,	,) to find the –	_		(U)
V.	Subtract the ADJUSTED SNAP INCOME (U) from the MAXIMUM SNAP ALLOTMENT (T) (T – U) = ((V)
W.		ound down to IONTHLY SN						_		(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 SNAP INCOME (U) is greater than the MAXIMUM SNAP ALLOTMENT (T), the allotment is the minimum benefit.									(Y)
Z.	(E	IONTHLY SN Enter (W), or	(X), or (Y) i	f they apply	/)					(Z)
	PARTI	II: Pro-ra	ite the F	irst Mor	nth SNA	P Bene	fit			
1)	Number	of days in m	onth + 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 MON	THLY SNA	P BENEFI	T AMOUNT	(5 x Z)	х			(6)
7)	Unround	led SNAP be	nefit amour	nt				= _		(7)
8)		lown to the n T. If rounded						t for		(8)