

FOOD STAMP BUDGET WORK SHEET

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

PART I: Find Net Income

| | | | |
|--|-------|--|-----------|
| Case Number (Optional) | | | _____ |
| Case Name (Optional) | | | _____ |
| A. Household Size | | | _____ (A) |
| B. Gross Monthly Earned Income | | | _____ (B) |
| C. Subtract Earned Income Deduction (20% of Earned Income) (B ÷ 5) | | - | _____ (C) |
| D. Net Monthly Earned Income (B – C) | | = | _____ (D) |
| E. Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB etc.) | | + | _____ (E) |
| F. Subtotal Monthly Income (D + E) | | = | _____ (F) |
| G. Subtract Standard Deduction (\$260 for HH of 5 or less, \$274 for HH > 5) | | - | _____ (G) |
| H. Subtotal (F - G) | | = | _____ (H) |
| I. Subtract Medical Costs over \$35 (Total medical cost - \$35) | | - | _____ (I) |
| J. Subtotal (H – I) | | = | _____ (J) |
| K. Subtract Dependent Care Costs | | - | _____ (K) |
| L. Subtract Child Support Deduction (Actual amount expected to be paid) | | - | _____ (L) |
| M. TOTAL ADJUSTED INCOME [J – (K + L)] | | = | _____ (M) |
| 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 | _____ | <i>If household incurs heating fuel cost, use SUD.</i> | |
| 6. Telephone | _____ | <i>If household does not incur heating fuel costs, use the</i> | |
| 7. Electricity | _____ | <i>Non-heating utility standard (NHUS) for 6 – 9.</i> | |
| 8. Water | _____ | | |
| 9. Sewer | _____ | (b) Subtotal SUD or total 4, 6, 7, 8, 9 | _____ (b) |
| N. TOTAL MONTHLY SHELTER COSTS (a + b) | | = | _____ (N) |
| O. Subtract ½ OF Total Adjusted Income (M ÷ 2) | | - | _____ (O) |
| P. Excess Shelter Costs (N – O) | | = | _____ (P) |
| Enter Total Adjusted Income (M) | | | _____ (M) |
| Subtract Excess Shelter Costs (P) | | - | _____ (P) |
| Q. MONTHLY NET INCOME (M – P) | | = | _____ (Q) |

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- R. Compare MONTHLY NET INCOME (Q) 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 food Stamp Benefit Amount

- S. Find MAXIMUM FOOD STAMP ALLOTMENT from chart below: _____ (S)

| HH Size | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|----------------------|----------|---|---|---|---|---|---|---|---|----|
| Maximum FS Allotment | Urban | | | | | | | | | |
| | Rural I | | | | | | | | | |
| | Rural II | | | | | | | | | |

- T. Multiply the MONTHLY NET INCOME (Q) by 0.3 (Q x 0.3) to find the ADJUSTED FOOD STAMP INCOME (T) - _____ (T)
- U. Subtract the ADJUSTED FOOD STAMP INCOME (T) from the MAXIMUM FOOD STAMP ALLOTMENT (S) (S - T) = _____ (U)
- V. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (V) _____ (V)
- W. If there are 3 or more household members, and (V) is \$1, \$3, or \$5, Round up to \$2, \$4, or \$6 _____ (W)
- X. If there are 1 or 2 household members, and (V) is less than the minimum benefit, round up to the minimum benefit. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is the minimum benefit. _____ (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:** (Enter (V), or (W), or (X) if they apply) (Y)

PART III: 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 Y) 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)