

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 (\$265 for HH of 5 or less, \$282 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. **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 \$782 maximum (Q) - _____ (Q)
- R. **MONTHLY NET INCOME** (N – Q or N - \$782 IF Q > \$782) = _____ (R)

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For Households with No Elderly (60 or Over) or Disabled Member

- 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 Allotment | Urban | | | | | | | | | |
| | Rural I | | | | | | | | | |
| | Rural II | | | | | | | | | |

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