

State of Alaska
Department of Health
Division of Public Assistance

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 (\$330 for HH of 5 or less, \$330 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 \$996 maximum (R) - _____ (R)

S. **MONTHLY NET INCOME** (O - R or O - \$996 IF R > \$996) = _____ (S)

FOOD STAMP BUDGET WORK SHEET, page 2

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

- T. Compare MONTHLY NET INCOME (\$) 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 SNAP Benefit Amount

- U. Find MAXIMUM SNAP ALLOTMENT from chart below: _____ (U)

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

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

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 ($3 \div 4$) = _____ (5)
- 6) **Multiply** by the MONTHLY SNAP BENEFIT AMOUNT ($5 \times Z$) 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)