

ALASKA FOOD STAMP MANUAL

ADDENDUM 7

FOOD STAMP BUDGET WORK SHEET

For Household with No Elderly (60 or over) or Disabled Member
FSP-75 (06-3829)

FOOD STAMP BUDGET WORK SHEET

For Households with Elderly (60 or over) or Disabled Member
FSP-74 (06-3828)

FOOD STAMP BUDGET WORK SHEET

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

PART I: Find Gross Income Eligibility

- A. Gross Monthly Earned Income \$ _____ (A)
- B. **Add** Other Unearned Income (UIB, Child Support, TA, etc.) + \$ _____ (B)
- C. GROSS MONTHLY INCOME = \$ _____ (C)

Compare GROSS MONTHLY INCOME (C) 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 | \$1,328 | \$1,788 | \$2,248 | \$2,709 | \$3,169 | \$3,630 | \$4,090 | \$4,550 | 461 |

PART II: Find Net Income

- D. Gross Monthly Earned Income \$ _____ (A)
- E. **Subtract** Earned Income Deduction (20% of Earned Income) (A÷5) - \$ _____ (E)
- F. Net Monthly Earned Income (A - E) = _____ (F)
- G. **Add** Other Unearned Income (UIB, Child Support, TA, GA, etc.) + \$ _____ (B)
- H. Subtotal Monthly Income (B + F) = \$ _____ (H)
- I. **Subtract** Standard Deduction (\$229 for HH 1 - 5; \$232 for HH 6+) - _____ (I)
- J. Subtotal (H - Standard Deduction) = \$ _____ (J)
- K. **Subtract** Dependent Care Costs (\$175/\$200 per dependent maximum) - \$ _____ (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 <u>incurs heating fuel costs</u>, use SUD.</i> | |
| 6. Telephone | \$ _____ | <i>If household <u>does not incur heating fuel costs</u>, 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 up to \$666 maximum (P) - \$ _____ (P)
- Q. **MONTHLY NET INCOME** (M - P or M - \$666 if P > \$666) = \$ _____ (Q)

FOOD STAMP BUDGET WORK SHEET, page 2

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

- R. Compare MONTHLY NET INCOME (Q) to chart.
If the 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 | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART III: Find Food Stamp Benefit Amount

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

| HH Size | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|----------------------------|----------|-------|-------|-------|-------|---------|---------|---------|---------|-----|
| Maximum FS Allotment | Urban | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | 138 |
| | Rural I | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | 176 |
| | Rural II | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | 214 |

- 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 \$10, round up
to \$10. If the ADJUSTED FOOD STAMP INCOME (T) is greater than the
MAXIMUM FOOD STAMP ALLOTMENT (S), the allotment is \$10. \$_____ (X)
- Y. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (V), or (W) or (X) if they apply) \$ (Y)

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 Y) x \$_____ (6)
- 7) Unrounded food stamp benefit amount = _____ (7)
- 8) Round down to 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)

FOOD STAMP BUDGET WORK SHEET

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

PART I: Find Net Income

| | | |
|----|--------------------------------------------------------------------------------------|----------------|
| A. | Gross Monthly Earned Income | \$ _____ (A) |
| B. | Subtract Earned Income Deduction (20% of Earned Income) ($A \div 5$) | - \$ _____ (B) |
| C. | Net Monthly Earned Income ($A - B$) | = \$ _____ (C) |
| D. | Add Other Unearned Income (SSI, Social Security, Pensions, TA, GA, UIB, etc.) | + \$ _____ (D) |
| E. | Subtotal Monthly Income ($C + D$) | = \$ _____ (E) |
| F. | Subtract Standard Deduction (\$229 for HH 1 to 5; \$232 for HH 6+) | - _____ (F) |
| G. | Subtotal ($E - \text{Standard Deduction}$) | = \$ _____ (G) |
| H. | Subtract Medical Costs over \$35 (Total medical costs - \$35) | - \$ _____ (H) |
| I. | Subtotal ($G - H$) | = \$ _____ (I) |
| J. | Subtract Dependent Care Costs (\$175/\$200 per dependent maximum) | - \$ _____ (J) |
| K. | Subtract Child Support Deduction (Actual amount expected to be paid) | - \$ _____ (K) |
| L. | TOTAL ADJUSTED INCOME [$I - (J + K)$] | = \$ _____ (L) |

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 <u>incurs heating fuel costs</u>, use SUD.</i> | |
| 6. Telephone | \$ _____ | <i>If household <u>does not incur heating fuel costs</u>, use the</i> | |
| 7. Electricity | \$ _____ | <i>non-heating utility standards (NHUS) for 6 - 9.</i> | |
| 8. Water | \$ _____ | | |
| 9. Sewer | \$ _____ | (b) Subtotal SUD or total 4, 6, 7, 8, 9 | \$ _____ (b) |

| | | |
|----|-----------------------------------------------------------------------|----------------|
| M. | TOTAL MONTHLY SHELTER COSTS ($a + b$) | = \$ _____ (M) |
| N. | Subtract $\frac{1}{2}$ of Total Adjusted Income ($L \div 2$) | - \$ _____ (N) |
| O. | Excess Shelter Costs ($M - N$) | = \$ _____ (O) |
| | Enter Total Adjusted Income (L) | \$ _____ (L) |
| | Subtract Excess Shelter Costs (O) | - \$ _____ (O) |
| P. | MONTHLY NET INCOME ($L - O$) | = \$ _____ (P) |

FOOD STAMP BUDGET WORK SHEET, page 2

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

- Q. Compare MONTHLY NET INCOME (P) to chart.
If the 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 | \$1,021 | \$1,375 | \$1,730 | \$2,084 | \$2,438 | \$2,792 | \$3,146 | \$3,500 | \$355 |

PART II: Find Food Stamp Benefit Amount

- R. Find MAXIMUM FOOD STAMP ALLOTMENT from the chart below: \$ _____ (R)

| HH Size | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | +1 |
|----------------------------|----------|-------|-------|-------|-------|---------|---------|---------|---------|-----|
| Maximum FS Allotment | Urban | \$183 | \$336 | \$482 | \$612 | \$726 | \$872 | \$964 | \$1,101 | 138 |
| | Rural I | \$234 | \$429 | \$614 | \$780 | \$926 | \$1,112 | \$1,229 | \$1,405 | 176 |
| | Rural II | \$285 | \$522 | \$748 | \$950 | \$1,128 | \$1,353 | \$1,496 | \$1,710 | 214 |

- S. Multiply the MONTHLY NET INCOME (P) by 0.3 (P x 0.3) to find the ADJUSTED FOOD STAMP INCOME (S) - \$ _____ (S)
- T. Subtract the ADJUSTED FOOD STAMP INCOME (S) from the MAXIMUM FOOD STAMP ALLOTMENT (R) (R - S) = \$ _____ (T)
- U. Round down to the next whole dollar to find the MONTHLY FOOD STAMP BENEFIT AMOUNT (U) \$ _____ (U)
- V. If there are 3 or more household members, and (U) is \$1, \$3, or \$5, round up to \$2, \$4, or \$6 \$ _____ (V)
- W. If there are 1 or 2 household members, and (U) is less than \$10, round up to \$10. If the ADJUSTED FOOD STAMP INCOME (S) is greater than the MAXIMUM FOOD STAMP ALLOTMENT(R), the allotment is \$10. \$ _____ (W)
- X. **MONTHLY FOOD STAMP BENEFIT AMOUNT:**
(Enter (U), or (V) or (W) if they apply) \$ (X)

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 X) x \$ _____ (6)
- 7) Unrounded food stamp benefit amount = _____ (7)
- 8) Round down to 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)