

FOOD STAMP BUDGET WORKSHEET

Number in Family/Household: _____		Any Elderly (60+)/Disabled Member? Yes No											
A. INCOME													
1. Monthly Gross Earned Income (salary, self-employment, etc.)		1 _____											
2. Monthly Income from Boarder/Lodger/Rental Property (exclude first \$200 for a single, \$367 for a couple)		2 _____											
3. Monthly Earned Income (Add lines 1+2)		3 _____											
4. a. Monthly gross Unearned Public Assistance Income		4a _____											
b. Monthly gross Unearned RSI/SSDI/SSI		4b _____											
c. Monthly gross Unearned "Other Income" (child support, UIB, pensions, etc.)		4c _____											
d. Net monthly rental income		4d _____											
5. Monthly Unearned Income (Add lines 4a + 4b + 4c + 4d)		5 _____											
6. Legally obligated child support payments that the household pays (subtract from total income)		6 _____											
7. Adjusted Gross Income (Add lines 3+5, minus line 6)		A.7 _____											
B. MAXIMUM GROSS MONTHLY INCOME TEST - See chart on back. → Households with an elderly or disabled do not have a maximum gross income test. → Working households that incur un-reimbursed child care/dependent care costs have a gross income test of 200% FPL. → All other households have a gross income test of 130% FPL.		Line A.7 must be less than line B B. _____											
C. DEDUCTIONS													
8. Deduction on Gross Earned Income (20% x Line 3)		8 _____											
9. Standard Deduction based on household size, (enter applicable amount)		9 _____											
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Household size</th> <th style="padding: 5px;">Deduction</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">1 – 3</td> <td style="text-align: center; padding: 5px;">\$147</td> </tr> <tr> <td style="text-align: center; padding: 5px;">4</td> <td style="text-align: center; padding: 5px;">\$155</td> </tr> <tr> <td style="text-align: center; padding: 5px;">5</td> <td style="text-align: center; padding: 5px;">\$181</td> </tr> <tr> <td style="text-align: center; padding: 5px;">6 and over</td> <td style="text-align: center; padding: 5px;">\$208</td> </tr> </tbody> </table>				Household size	Deduction	1 – 3	\$147	4	\$155	5	\$181	6 and over	\$208
Household size	Deduction												
1 – 3	\$147												
4	\$155												
5	\$181												
6 and over	\$208												
10. Child Care/Dependent Costs: Actual cost to the household for the care of a child or dependant.		10 _____											
11. Homeless Income Deduction - \$143 (if undomiciled and not in continuous shelter)		11 _____											
12. Medical Expense Deduction: only for Elderly/Disabled members. Take the total average monthly unreimbursed medical expenses, and subtract the first \$35.		12 _____											
13. Total Deductions (Add lines 8 + 9 + 10+ 11 + 12)		C .13 _____											
D. ADJUSTED INCOME (Line A.7 - Line C.13)		D. _____											

E. MONTHLY SHELTER COSTS	
14. Amount household pays for rent/mortgage	14 _____
15. Standard Utility Allowance (SUA) Levels. Enter amount for SUA level. Level 1 - \$736 Has heating/cooling costs, or has received HEAP, or is living in HEAP eligible housing & anticipates the receipt of HEAP. Level 2 - \$291 Ineligible for or did not receive HEAP for the current program year, has no heating/cooling cost, but has utility costs. Level 3 - \$33 Ineligible for or did not receive HEAP for the current program year, has no heating/cooling or utility costs, but has phone.	15 _____
16. Other Owned-Property Shelter Costs: Taxes, Insurance, Repairs	16 _____
17. Total Shelter Cost (Add lines 14+ 15+ 16)	E.17 _____
F. EXCESS SHELTER DEDUCTIONS	
18. Total Shelter Cost = Line E.17	18 _____
19. One-Half of Adjusted Income = Line D divided by 2	19 _____
20. Shelter Deduction = Line 18 minus Line 19. If negative enter \$0	20 _____
21. For non-elderly/non-disabled households enter the amount on line 20, up to a maximum of \$459. For elderly/disabled households enter the full amount on line 20. If a negative number, enter \$0.	F. 21 _____
G. FOOD STAMP NET INCOME	
22. Adjusted Income = Line D	22 _____
23. Maximum Excess Shelter Deduction = Line F.21	23 _____
24. Monthly Net Food Stamp Income (Line 22 minus Line 23)	G. 24 _____
H. FOOD STAMP ENTITLEMENT	
25. Enter Thrifty Food Plan amount for H.H. size (See Chart below)	25 _____
26. Multiply Net Food Stamp Income by 30% (Line G.24 x .30)	26 _____
27. Food Stamp Recoupment (if applicable)	27 _____
28. FOOD STAMP COUPON ALLOTMENT (Line 25 minus Line 26 minus Line 27)	H. 28 _____

Effective October 1, 2011 – September 30, 2012				
Household Size	HH Thrifty Food Plan Monthly Amount	Maximum Gross Monthly Income		Category Eligibility Guidelines
		For Households without Child Care Expenses (130% FPL)	For Households with Child/Dependent Care Expenses (200% FPL)	For Elderly/Disabled Households (200% FPL)
1	\$200	\$ 1,180	\$1,815	\$1,815
2	\$367	1,594	2,452	2,452
3	\$526	2,008	3,088	3,088
4	\$668	2,422	3,725	3,725
5	\$793	2,836	4,362	4,362
6	\$952	3,249	4,998	4,998
7	\$1,052	3,663	5,635	5,635
8	\$1,202	4,077	6,272	6,272
Each add'l member: + \$150		+ \$414	+ \$637	+ \$637