

## Empire Justice Center's Food Stamp Budget Worksheet for New York State

(Effective April 1, 2009 through September 2009)

No resource limit (categorical eligibility) for households except elderly/disabled household with income over 200% of FPL or household with sanctioned/disqualified member. For these households, resource limits remain \$2000 (\$3000 for aged or disabled).

**A. GROSS INCOME**

- 1. Monthly Gross Earned Income (salary, self-employment, etc.) \_\_\_\_\_
- 2. Monthly Income from Boarder/Lodger (exclude first **\$176** for one, **\$323** for two) \_\_\_\_\_
- 3. Total Gross Monthly EARNED Income (Lines 1 + 2) \_\_\_\_\_
- 4.
  - a. Monthly UNEARNED Public Assistance \_\_\_\_\_
  - b. Monthly UNEARNED SSA/SSI/SSD \_\_\_\_\_
  - c. Other Monthly UNEARNED (e.g. unemployment, child support) \_\_\_\_\_
  - d. Monthly RENTAL Income (after subtracting costs) \_\_\_\_\_
- 5. Total Gross Monthly UNEARNED (Line 4a + 4b + 4c + 4d) \_\_\_\_\_
- 6. Total Gross Monthly EARNED and UNEARNED Income (Line 3 + 5) \_\_\_\_\_
- 7. MINUS Legally Obligated Child Support \_\_\_\_\_
- 8. **ADJUSTED GROSS INCOME** (Line 6 - 7) **A.** \_\_\_\_\_

**B. MAXIMUM GROSS MONTHLY INCOME:** 130% of FPL, no limit if household has elderly or disabled member; effective 3/1/09, 200% FPL for household with dependent care costs. **B.** \_\_\_\_\_

**C. DEDUCTIONS**

- 8. 20% Deduction on Gross Earned Income (20% x Line 3) \_\_\_\_\_
- 9. Standard Deduction based on Household Size : \_\_\_\_\_  
 1 - 3 people **\$144**; 4 people **\$147**; 5 people **\$172**; 6 or more people **\$197**
- 10. Child/Dependent Care (**as of 10/1/08, there is no longer a cap on this deduction**) \_\_\_\_\_
- 11. Homeless Shelter Deduction: **\$143** (for undomiciled) \_\_\_\_\_
- 12. Unreimbursed Medical Costs (ONLY for elderly or disabled - exclude the first \$35) \_\_\_\_\_
- TOTAL DEDUCTIONS** (Lines 8 + 9 + 10 + 11 + 12 ) **C.** \_\_\_\_\_

**D. ADJUSTED INCOME** (Line A minus Line C) **D.** \_\_\_\_\_

**E. MONTHLY SHELTER COSTS**

- 13. Actual RENT/MORTGAGE Billed to Household \_\_\_\_\_
- 14. STANDARD UTILITY ALLOWANCES: (Choose Level 1, 2 or 3) \_\_\_\_\_
 

|                |                |       |   |   |
|----------------|----------------|-------|---|---|
| <u>LEVEL 1</u> | NYC            | \$781 | } | Most households are now eligible for Level 1 SUA because they automatically receive at least \$1 in HEAP benefits |
|                | L.I.:          | \$727 |   |   |
|                | Rest of State  | \$645 |   |   |
| <b>OR</b>      |                |       |   |   |
| <u>LEVEL 2</u> | NYC:           | \$308 | } | Households with \$0 rent, no HT/AC costs but who pay for domestic utilities                                       |
|                | L.I.:          | \$286 |   |   |
|                | Rest of State  | \$261 |   |   |
| <b>OR</b>      |                |       |   |   |
| <u>LEVEL 3</u> | All districts: | \$33  | } | <b>Phone SUA</b> (Residents of DV/homeless shelters)  |
- 15. Costs for Applicant Owned Property: (Property Taxes, Home Insurance, Repairs, etc.) \_\_\_\_\_
- TOTAL Shelter Costs** (Lines 13 + 14 + 15) **E.** \_\_\_\_\_

**F. SHELTER DEDUCTIONS**

16. Total Shelter Cost (Line E) \_\_\_\_\_

17. One-Half of Adjusted Income (Line D divided by 2) \_\_\_\_\_

18. Excess Shelter Costs (Line 16 minus 17): ( If negative enter \$0) \_\_\_\_\_

Excess Shelter Deduction - Enter line 18 up to **maximum of \$446**. If household contains an elderly or disabled household member, enter full amount. **F.** \_\_\_\_\_

**G. NET FOOD STAMP INCOME (must be at or below 100% FPL unless household is categorically eligible)**

19. Adjusted Income ( Line D) \_\_\_\_\_

20. Maximum Excess Shelter Deduction ( Line F) \_\_\_\_\_

Monthly Net Food Stamp Income (Line 19 minus Line 20) (Negative = \$0) **G.** \_\_\_\_\_

**H. FOOD STAMP ENTITLEMENT**

21. Enter Thrifty Food Plan amount for Household size (chart, last column) \_\_\_\_\_

22. Multiply Net Food Stamp Income by 30% (Line G x .30) \_\_\_\_\_

**ESTIMATED FOOD STAMP BENEFITS** (lines 21 minus 22) **H.** \_\_\_\_\_

**Note: 1 & 2 person households** whose net income does not exceed 100% of FPL or who are categorically eligible automatically receive a minimum grant of \$16, even if line H is less than \$16. Households of 3 or more with grant of zero or less are ineligible.

| Household Size    | 200% of Poverty | **Maximum Monthly Income of Household Living with Disabled Elderly (165% of Poverty) | Maximum Gross Monthly Income (130% of Poverty) | Maximum Net Monthly Income (100% of Poverty) | Thrifty Food Plan (Maximum Allotment) |
|-------------------|-----------------|--|--|--|---------------------------------------|
| 1                 | \$1733          | \$1430   | \$ 1127  | \$ 867                                       | \$200                                 |
| 2                 | 2333            | 1925   | 1517   | 1167   | 367                                   |
| 3                 | 2933            | 2420   | 1907   | 1467   | 526                                   |
| 4                 | 3533            | 2915   | 2297   | 1767   | 668                                   |
| 5                 | 4133            | 3410   | 2687   | 2067   | 793                                   |
| 6                 | 4733            | 3905   | 3077   | 2367   | 952                                   |
| 7                 | 5333            | 4400   | 3467   | 2667   | 1052                                  |
| 8                 | 5933            | 4895   | 3857   | 2967   | 1202                                  |
| Each Add'l Member | + \$600         | +495   | +390   | +300   | +150                                  |

\*A disabled and elderly person (and spouse) living with others can be treated as a separate FS household even if unable to purchase and prepare meals separately, as long as the income of the household with which (s)he (or they) reside does not exceed 165%FPL. (A disabled person who has his food purchased and prepared separately, even if by someone in the household, is a separate FS household.)

**Empire Justice Center**  
 119 Washington Avenue  
 Albany, NY 12210  
 Phone: (518) 462-6831  
 Fax: (518) 462-6687  
[www.empirejustice.org](http://www.empirejustice.org)

(For NYSNIP matrix, see <http://www.otda.state.ny.us/main/gis/2009/09dc002.pdf> (NYC) or, for upstate, <http://www.otda.state.ny.us/main/gis/2009/09dc001.pdf>)