

Calculating SNAP Eligibility

Step 1: Establish # in household. Households of 1 or 2 are eligible if they meet the gross.

Step 2: Establish whether any household member is elderly or disabled. If yes, there is no gross income test. If the household income is over the gross, they must meet the net income test via deductions & may also be subject to the asset test.

Household Size	1	2	3	4	5	6	7	Each additional
Monthly Gross Income Guidelines	\$1,968	\$2,658	\$3,349	\$4,040	\$4,730	\$5,421	\$6,112	\$691
Households of 1 or 2 people may be eligible by just meeting the gross.								
Gross Income (If weekly, x 4.333) (If bi-weekly, x 2.166)	<u>Monthly Earned Income (# hrs. x pav rate)</u>			<u>Monthly Unearned Income</u>		<u>GROSS INCOME BEFORE EXCLUSIONS (A)</u>		
	+			+				
Exclusions (Paid child support or military combat pay)	<u>Gross Income Before Exclusions (A)</u>			<u>Monthly Exclusion Amt.</u>		<u>GROSS INCOME AFTER EXCLUSIONS (B)</u> <small>If 0 exclusions, insert (A) from above.</small>		
	-			-				
20% Earned Income Deduction	<u>Monthly Earned Income (# hrs. x pav rate)</u>			<u>20% Earned Income Deduction</u>		<u>EARNED INCOME DEDUCTION (C)</u>		
	x			.2				
Standard Deduction	\$167	\$167	\$167	\$181	\$212	\$243	\$243	<u>STANDARD DEDUCTION (D)</u>
Dependent Care Deduction (If weekly, x 4.333) (If bi-weekly, x 2.166)	Add out-of-pocket dependent child care or adult care expenses paid while the responsible adult is either in school or working.			<u>Monthly Dependent Care Costs</u>		<u>DEPENDENT CARE DEDUCTION (E)</u>		
	-			-				
Medical Deduction <small>Only for elderly & disabled. Include all out-of-pocket medical/dental expenses including: health insurance/ Medicare premiums, RX drugs, copays, hearing aids, hospital bills, eyeglasses, dentures, etc.</small>	<u>Monthly Medical Costs</u>			If monthly costs < \$35, enter 0 in column to the right. If > \$35 and < \$176, enter \$141 in column to the right. If > \$176, enter all monthly medical expenses minus \$35 in column to the right.		<u>MEDICAL DEDUCTION (F)</u>		
	-			-				
Total Deductions (before shelter)	<u>Earned income (C) + Standard (D) + Dependent Care (E) + Medical (F)</u>					<u>TOTAL DEDUCTIONS (G)</u>		
	+					+		
Adjusted Gross Income	<u>Gross Income After Exclusions (B) – Total Deductions (G)=H</u>					<u>H x .5 (1/2 adjusted gross income) = I</u>		
	-					x		
Shelter Costs (Rent, mortgage, insurance, taxes and utility expenses)	<u>Rent, Mortgage, Taxes, Insurance</u>			<u>Utilities/SUA</u> (Enter \$636 if paying utilities or receiving LIHEAP)		<u>TOTAL SHELTER COSTS (J)</u>		
	+			+				
Shelter Deduction	<u>Total Shelter Costs (J)</u>		<u>½ Adjusted Gross Income (I)</u>		<u>SHELTER DEDUCTION (K)</u>		\$569 maximum shelter deduction if not elderly or disabled	
	-		-		-			
Calculated Monthly Net Income	<u>Adjusted Gross Income (H) – Shelter Deduction (K)</u>					<u>CALCULATED MONTHLY NET INCOME (L)</u>		
	-					-		
Monthly Net Income Guidelines	\$1,064	\$1,437	\$1,810	\$2,184	\$2,557	\$2,930	\$3,304	\$374
	1	2	3	4	5	6	7	Each additional

Asset Test: The asset test applies only to elderly / disabled households when their gross income amount is above 200% FPL (amounts in chart below). If the household's income is *above* the amount in the chart, they will be subject to an asset test of **\$3,500**. Assets include cash, savings, stocks, or bonds. They do NOT include retirement accounts, cars, homes, burial, or life insurance contracts.

Household Size	1	2	3	4	5	6	7	Each additional
Gross Income	\$2,128	\$2,874	\$3,620	\$4,368	\$5,114	\$5,860	\$6,608	\$748

If the client's monthly gross income exceeds the amount in the chart AND they have over \$3,500 in assets, they will not qualify for benefits. If the household's monthly gross income exceeds the amount in the chart, but they meet the asset test, you will need to calculate deductions to see if their income meets the net.

Allowable Deductions: SNAP only allows certain deductions to be considered. Below is a list of allowable deductions and how they should be calculated.

- **20% Earned Income:** Multiply the earned income by .20. If someone earning income is subject to an income exclusion (e.g. child support paid), subtract the amount of the excluded income from the total earned income before you complete this calculation.
- **Standard Deduction:** Based on household size, use the chart on the front page. All HHs receive it.
- **Dependent Care:** If there are dependent care costs (child care, after school care, adult/disabled day care), enter the entire cost paid by the applicant in the dependent care box (E).
- **Medical Deduction:** Applies only to elderly / disabled individuals. The monthly medical expenses must exceed \$35 to be eligible for a deduction. HHs with monthly expenses between \$35 and \$176 will receive the standard medical deduction of **\$141**. HHs with monthly expenses over \$176 will receive a deduction of the total expense amount, minus \$35.
- **Shelter Deduction:** The shelter deduction must be calculated last. HHs are eligible for a shelter deduction when their total shelter expenses (rent/mortgage/property taxes, etc. + utilities/SUA) are *more than half of their adjusted gross income*. For elderly/disabled HHs, there is no max shelter deduction. For HHs where no member is elderly/disabled, the maximum shelter deduction is \$569.

Pro-Rating Income: For households with ineligible immigrants or ABAWDs, their income must be pro-rated and will be counted among the eligible members. Follow the steps below to pro-rate income:

1. First, subtract any allowable exclusion (e.g. child support paid) from ineligible member's income to calculate their total gross income.
2. Then, **divide** their gross income among all household members, eligible and ineligible.
3. **Multiply** this amount by the number of eligible household members to get the new gross income amount for the HH.

Example: 4 person HH with only 3 eligible members, 1200 earned by ineligible member. Divide 1200 by 4 people (= \$300 per HH member). Multiply 300 by 3 (# of eligible HH members) = \$900. This amount, \$900 will be what is counted towards HH income.

Monthly Maximum Benefit Amounts: The chart below can be used to help provide clients with an estimate of the range their benefit amount could be.

Minimum benefit amount	Household size	1	2	3	4	5	6	7
\$16	Maximum benefit amount	\$204	\$374	\$535	\$680	\$807	\$969	\$1,071