

**FOOD STAMP PROGRAM INCOME WORKSHEET FOR HOUSEHOLDS
WITHOUT An ELDERLY (60 ±) OR DISABLED MEMBER**

Revised May, 2006

Number in Household: _____ Household Resource Limit: _____ Household Resources: \$ _____
(no limit if categorically eligible)

A. List all gross monthly earned income (don't list excluded income)

- 1) wages _____
- 2) training allowance _____
- 3) self-employment or farm income _____
- 4) net boarder/roomer income
(income minus business expense) _____
- 5) rental income (if property managed by self) _____

➔ Add together A1-A5 **Total earned income** A. _____

B. List all monthly unearned income (don't list excluded income)

- 1) public benefits (Reach Up, SSI, SSD, VA, etc.) _____
- 2) net rental income (if property managed by third party) _____
- 3) child support and/or alimony received _____
- 4) countable dividends, interest, royalties _____
- 5) countable educational income _____
- 6) other _____

➔ Add together B1-B6 **Total unearned income** B. _____

C. Add total earned income (A) and total unearned income (B) **Total gross income** C. _____

D. List monthly **gross income limit** for household size (P-2590C). If household is categorically eligible, skip this step and go on to F.

Gross Income Limit

E. If the total gross income (C) is less than or equal to the gross income limit (D), go on to F. **If not, stop here.** The household is not eligible for food stamps.

F. Multiply total earned income (A) by .8 **Net earned income** F. _____
(This is the 20% **earned income deduction**)

G. Add total unearned income (B) and net earned income (F) **Income before deductions** G. _____

H. List the **standard deduction** (P-2590 A1) H. _____
(\$134 for HH of 1-4; \$157 for HH of 5; \$179 for HH of 6 or more)

I. List monthly **dependent care costs** I. _____
(up to \$200.00 per dependent under age 2, \$175.00 for ages 2+)

J. List **court-ordered child support** payments (amount actually paid)
J. _____

K. Subtract standard deduction (H), dependent care costs (I), and child support payments (J) from income before deductions (G).

Adjusted Income K. _____

(Please continue on next page.)

This Tool Provides Only an Estimate of Benefits.

For an Actual Determination of Benefits and Eligibility You Must Contact the Food Stamp Office.

[pg. 2, no elderly or disabled household members]

Adjusted Income K. _____

L. Calculate monthly **shelter costs**

1) rent _____

2) mortgage _____

3) property taxes _____

4) insurance (structure only) _____
(Divide annual cost by 12 to get monthly amount)

5) choose the **standard utility allowance** (a, b, or c) that applies (See P-2590 A1 #5): _____

- a) \$513 (household pays all utilities) or
- b) \$173 (heat included in rent, household pays lights, etc.) or
- c) \$34.12 (telephone only)

➔ Add together J1-J5 **Total shelter costs** L. _____

M. Calculate **shelter deduction**

(A deduction may be taken for excess shelter costs—shelter costs that are more than half of the adjusted income)

1) Calculate **excess shelter costs**

Total shelter costs (L) _____

Minus

Half of adjusted income (K÷2) _____

Equals

Excess shelter costs _____

(If total shelter costs (L) are less than half the adjusted income (K÷2), excess shelter costs are 0).

2) List **maximum shelter deduction** _____
(currently \$400, but see P-2590 A1 #4 for updates)

3) Write down the excess shelter costs or the maximum shelter deduction, *whichever is less*. This amount is the shelter deduction.

Shelter deduction M. _____

N. Subtract shelter deduction (M) from adjusted income (K) to get **monthly net income**

Adjusted income (K) _____

Minus

Shelter deduction (M) _____

Equals

Monthly Net Income (N) _____

Monthly net income N. _____

O. Calculate **monthly food stamp allotment**. Look up monthly net income (N) on the food stamp allotment chart (P-2590D). If monthly net income is a negative number, look up zero income on the chart.

Monthly food stamp allotment O. _____

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