

3SquaresVT, Vermont's Supplemental Nutrition Assistance Program
INCOME WORKSHEET FOR HOUSEHOLDS
WITHOUT A SENIOR (60 ±) OR A PERSON WITH A DISABILITY
Revised September, 2011

Number in Household: _____

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** D. _____

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 3SquaresVT benefits.

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. _____
 (\$147 for HH of 1-3; \$155 for HH of 4; \$181 for HH of 5; \$208 for HH of 6 or more)

I. List monthly **dependent care costs** I. _____

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. _____

[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) \$ 757 (household pays all utilities, gets fuel assistance, or heat is included but pays additional for air conditioning) or
- b) \$218 (heat included in rent, household pays lights, etc.) or
- c) \$36 (telephone only)

➔ Add together L1-L5 **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 \$459) _____

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 3SquaresVT benefit allotment**. Look up monthly net income (N) on the benefit allotment chart (P-2590D also online at <http://dcf.vermont.gov/sites/DCF/files/pdf/esd/rules/B09-26.pdf>). If monthly net income is a negative number, look up zero income on the chart.

Monthly 3SquaresVT benefit allotment O. _____



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