

**3SquaresVT, Vermont's Supplemental Nutrition Assistance Program
Income Worksheet for Households**

WITH a Senior (60 ±) or Person with a Disability

Revised December, 2010

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 **Gross earned income** A. _____

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

C. 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 C1-C6 **Total unearned income** C. _____

D. Add net earned income (B) and total unearned income (C) **Total income** D. _____

E. List the **standard deduction** (P-2590 A1) E. _____
(\$142 for HH of 1-3; \$153 for HH of 4; \$179 for HH of 5; \$205 for HH of 6 or more)

F. List the **standard medical expense deduction** of \$138 if claiming between \$35 and \$173 in expenses.
If expenses are >\$173, list total expenses (total monthly expenses are _____ - \$35 = _____) F. _____

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

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

I. Subtract standard deduction (E), medical expenses (F), dependent care costs (G), and child support (H) from total income (D) **Adjusted Income** I. _____

Adjusted Income I. _____

J. 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) \$744 (household pays all utilities, receives fuel assistance, or heat is included but pays additional for air conditioning) or
- b) \$212 (heat included in rent, household pays lights, etc.) or
- c) \$36.00 (telephone only)

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

K. Calculate **shelter deduction**:

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

Total shelter costs (J) _____
Minus
 Half of adjusted income (I÷2) _____
Equals
 Excess shelter costs _____

➔ Enter excess shelter costs on line K

OR

➔ If total shelter costs (J) are less than half of the adjusted income (I÷2), you do not get a shelter deduction. Put a 0 on line K.

Shelter deduction K. _____

L. Subtract shelter deduction (K) from adjusted income (I) to get **monthly net income**:

Adjusted Income (I) _____
Minus
 Shelter Deduction (K) _____
Equals
 Monthly Net Income (L) _____

Monthly net income L. _____

M. Calculate **monthly 3SquaresVT benefit allotment**.

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

Monthly 3SquaresVT benefit Allotment M. _____

