

Food Stamp Calculator - Built By Benchmark Institute

I. Gross Income Eligibility Test

- A. Gross Monthly Earned Income _____ (A)
- B. Unearned income _____ (B)
- C. Gross Monthly Income (C)

If (C) exceeds Max. Gross Income Limit, household is

Household Size	1	2
Max. Gross Limit	1,062	1,430

II. Net Income Eligibility Test

- D. Gross Monthly Earned Income (from A) (D)
- E. Earned Income Deduction (20% of A) (E)
- F. Net Earned Income (F)
- G. Unearned income (from B)
- Total income (G)
- H. Enter the Standard Deduction _____ (H)
- I. Enter Dependent Care Deduction _____ (I)
- J. Enter Excess Medical Deduction _____ (J)
- K. Enter Homeless Shelter Deduction _____ (K)
- L. Adjusted income (L)

Household Size	1,2,3	4
Standard Deduction \$	134	157

Up to \$175 per child over 2
Up to \$200 per child under 2

Costs over \$35 for elderly or disabled only

\$143

Excess Shelter Deduction

M. Housing Costs
Rent _____ (M)

N. Utility Costs _____ (N)

SUA \$271 LUA \$75 TUA \$20

O. Shelter Costs (add N and M) (O)

P. 1/2 of Adjusted Income (L) (P)

Q. Shelter cost difference (subtract line P from O) (Q)

R. Excess Shelter Deduction Enter (1) or (2) _____ (R)
(1) Shelter cost difference (Q) or Shelter Deduction Maximum,
whichever smaller
(2) Full shelter cost difference (Q) if elderly or disabled HH

Shelter Deduction Maximum \$417

S. Monthly Net Income
Subtract Excess Shelter Deduction (R) from Adjusted Income (L) (S)

If (S) exceeds Max. Income Limit, HH is ineligible.

Household Size	1	2
Max. Net Income Limit \$	817	1,100

III. Food Stamp Allotment

T. Multiply the Household's Net Income (S) by 0.3 (T)

U. Adjusted Food Stamp Income (round up to next \$) _____ (U)

V. Subtract Adjusted Food Stamp Income (U)
from **Max. Food Stamp Allotment** _____ (V)

Household Size	1	2
Max. Food Stamp Allotment	155	284

W. For HH of 3+,
add \$1 if (V) is \$1, \$3 or \$5. _____ (W)

X. For HH of 1-2,
enter \$10 if the Adjusted Food Stamp Income (U) is greater

than the Max. Food Stamp Allotment or if (V) is less than \$10.00. _____ (X)

Y. **Monthly Food Stamp Allotment:** _____ 0 (Y)

IV. Pro Rated First Month's Allotment

Z. Enter the number of days in the month plus 1 _____ (Z)

AA. Subtract the day of the month the household applied _____ (AA) (AA) = (Z) - (the day of the month)

AB. Divide by 30 _____ 0 (AB)

AC. Multiply (AB) by (Y) _____ 0 (AC)

AD. Unrounded food stamp allotment: _____ 0.00 (AD)

Round down to next whole dollar: _____ (AD) rounded down

First Month's Food Stamp Allotment _____ 0

s ineligible.

3	4	5	6	7	8	Plus 1
1,799	2,167	2,535	2,904	3,272	3,640	Plus 369 1

5	6+
162	

186

3	4	5	6	7	8	Plus 1
1,384	1,667	1,950	2,234	2,517	2,800	Plus 284

3	4	5	6	7	8	Plus 1
408	518	615	738	816	932	Plus 117