Appendix A: SNAP Worksheet



MASSACHUSETTS SNAP BENEFITS WORKSHEET

Effective October February 1, 2024

1.	GROSS Earned Income (exclude any legally obligated child support pa	aid out)	GROSS IN
2.	ADD Gross Unearned Income	+	Househol
3.	TOTAL GROSS Monthly income Compare with Gross Income Test	=	Size
			1
INC	OME DEDUCTIONS		3
4.			4
	(if legally obligated child support paid out from earnings, first add back in for 20% calc)		5
5.	SUBTRACT Standard Deduction	_	6
5.	Household Size: 1-3 = \$198;		7
	4 = 208; 5 = \$244; 6+ = \$279		8
~			Each add
6.	SUBTRACT Excess Medical Deduction (Se Box A)	ee 	membe
7.	SUBTRACT Dependent Care Costs		Box A - M
			Medical E
8.5	SUBTRACT Homeless Deduction (\$180) (only if homeless household not claiming regular		Three
	Shelter Deduction)		Medical D
PRELIMINARY ADJUSTED			
PRE	LIMINARY ADJUSTED		x If modic
	LIMINARY ADJUSTED TINCOME (PANI)		× If medic deduction
NET	INCOME (PANI)	 d person	deduction
NET 9.	INCOME (PANI) SUBTRACT Excess Shelter (see Box B) Amount capped at \$672 unless 60+/disable in household!	 d person	deductior > \$190/m
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NE Т 9. МО	SUBTRACT Excess Shelter (see Box B) Amount capped at \$672 unless 60+/disabler in household! NTHLY NET INCOME	<u>=</u>	deduction > \$190/m Box B- She Rent or ho Add SUA a TOTAL she Shelter Sta (Divide PA Excess She
NET 9. MO To es 1.	SUBTRACT Excess Shelter (see Box B) Amount capped at \$672 unless 60+/disabler in household! INTHLY NET INCOME Stimate APPROXIMATE SNAP benefit: Take 30% of Monthly Net Income Maximum SNAP benefit for Household	<u>=</u>	deduction > \$190/m Box B- She Rent or ho Add SUA a TOTAL she Shelter Sta (Divide PA Excess She NOTE: En unless 60- actual am *SUA = 1
NET 9. MO To es 1. 2.	SUBTRACT Excess Shelter (see Box B) Amount capped at \$672 unless 60+/disable in household! INTHLY NET INCOME Stimate APPROXIMATE SNAP benefit: Take 30% of Monthly Net Income Maximum SNAP benefit for Household size (see chart to right)	<u>=</u>	deduction > \$190/m Box B- She Rent or ho Add SUA a TOTAL she Shelter Sta (Divide PA Excess She NOTE: En unless 604 actual am *SUA = 1 \$852/m \$520/m
NET 9. MO To es 1. 2. 3.	SUBTRACT Excess Shelter (see Box B) Amount capped at \$672 unless 60+/disable in household! INTHLY NET INCOME Stimate APPROXIMATE SNAP benefit: Take 30% of Monthly Net Income Maximum SNAP benefit for Household size (see chart to right)	<u>=</u>	deduction > \$190/m Box B- She Rent or ho Add SUA a TOTAL she Shelter Sta (Divide PA Excess She NOTE: En unless 60- actual am *SUA = \$852/m

COME TEST AND MAXIMUM SNAP

Household Size	Gross Income Test-200% FPL	Maximum SNAP benefit			
1	\$2,510	\$291			
2	\$3,407	\$535			
3	\$4,303	\$766			
4	\$5,200	\$973			
5	\$6,097	\$1,155			
6	\$6,993	\$1,386			
7	\$7,890	\$1,532			
8	\$8,787	\$1,751			
Each add'l member	+ \$897	+ \$219			
Box A - Medical Deduction					

xpenses

Threshold - \$35		35	
Medical Deduction	=		¤

cal deduction > \$35, enter \$155 standard n on Item #6. If actual medical expense nonth, then use actual less \$35.

elter Deduction

ome ownership costs amount* lter expenses andard ANI by 2) elter Deduction ter maximum \$672 shelter on Line #10 +/disabled person in household, then use ount. **Standard Utility Allowance**

no-heating or AC costs or fuel assistance no-non-heating/cooling utilities phone only

NOTE: Households with a member sanctioned due to IPV must meet 130% FPL gross income test, SNAP asset test and 100% FPL net income test. 60+/disabled households over 200% FPL must meet the asset test and net income test. See MLRI SNAP Advocacy Guide for more information.

** This is an *approximate* figure. We encourage all households with

income below 200% FPL to apply for SNAP. All 1 and 2 person

households under 200% FPL qualify for \$23 minimum SNAP.