

MAINE FOOD STAMP ESTIMATOR

For Households With Elderly (age 60 or over) or Disabled Members

PART I. Find Monthly Net Income

- A. Gross Monthly **Earned** Income (Wages before taxes and other payroll deductions are taken out; use: weekly gross pay X 4.3) \$ _____ (A)
- B. Subtract Work Expense Deduction: (20% of Earned Income (A x .20)) - \$ _____ (B)
- C. Net Earned Income (A minus B) = \$ _____ (C)
Answer
- D. Add Other Income (TANF, Social Security, etc.) + \$ _____ (D)
- E. Subtotal (C plus D) = \$ _____ (E)
Answer
- F. Subtract Standard Deduction (\$144 for household with 1-3 members, \$147 if 4 members, \$172 if 5 members, \$197 if 6 or more members) - \$ _____ (F)
- G. Adjusted Income (E) minus Standard Deduction (F) \$ _____ (G)
Answer
- H. Subtract Monthly Dependent Care Costs* (Actual out-of-pocket cost of care.) - \$ _____ (H)
- I. Adjusted Income (G minus H) = \$ _____ (I)
Answer
- J. Subtract Legally Obligated Child Support Payments (made by a household member to or for a child who is not in the household) - \$ _____ (J)
- K. Adjusted Income (I minus J) = \$ _____ (K)
- L. Subtract non-reimbursable medical costs** over \$35 a month - \$ _____ (L)

*"Dependent Care Costs" include childcare costs and costs for caring for adult dependents in the home, so that you can work, look for work, or attend school or training. "Out of pocket" means money you actually pay; it does not include payments made by an agency that may be subsidizing your cost of care.

**"Medical Costs" include such medical related expenses as: dental and medical care; psychotherapy; medications; equipment; health insurance premiums; dentures; hearing aids; costs for seeing eye dogs, hearing ear dogs and trained service animals; prescription glasses; costs to obtain medical care, such as transportation and lodging; home health aide costs; child care or housekeeping needed because of age, infirmity or illness.

M. Adjusted Monthly Income (K minus L) = \$ _____(M)

Shelter Deduction Calculation

At this point you must do a separate calculation to determine your monthly "shelter deduction." Once you complete this calculation, you will be ready to go on to Line N.

If you pay for your own heat or air-conditioning or get Fuel Assistance benefits (HEAP or ECIP), complete Option 1 below. (You can also use Option 1 if you live in public housing and pay excess utility costs.)

All others complete Option 2 or Option 3 instead.

Shelter Deduction - Option 1

Add Your:

rent, mortgage (includes second mortgage and home equity loans), condominium fees	\$ _____
fire insurance on home (monthly)	+ \$ _____
property tax (monthly)	+ \$ _____
SUBTOTAL	= \$ _____
Add in the "Standard Utility Allowance" of \$700	+ \$ <u>700</u> _____
TOTAL SHELTER COST – <u>Option 1</u> (Sum of all costs listed above)	= \$ _____

Shelter Deduction - Option 2

If you do **not** qualify for Option 1 but you **do pay** for any other utilities (besides telephone), use Option 2.

Add Your:

rent, mortgage (includes second mortgage and home equity loans), condominium fees	\$ _____
fire insurance on home (monthly)	+ \$ _____
property tax (monthly)	+ \$ _____

SUBTOTAL = \$ _____

Add the "Standard Non-heat Utility Allowance" of \$180 if you pay for at least two of the following expenses: cooking, lights, water, sewer, trash disposal, telephone. [If total actual utility expense is more, or if you have only one of these expenses, use your actual costs.] + \$ 180 **OR** (\$ _____)

TOTAL SHELTER COST - Option 2
(Sum of all costs listed above) = \$ _____

Shelter Deduction - Option 3

If you do not qualify for Option 1 or Option 2 above, use Option 3.

Add Your:

rent, mortgage (includes second mortgage and home equity loans), condominium fees \$ _____

fire insurance on home (monthly) + \$ _____

property tax (monthly) + \$ _____

SUBTOTAL = \$ _____

Add in the "Standard Telephone Only Utility Allowance" of \$27 if you pay for a telephone or phone cards + \$ _____

TOTAL SHELTER COST - Option 3*
(Sum of all costs listed above) = \$ _____

***NOTE:** If you are homeless but expect to have shelter costs during the month, you can deduct \$143 as your shelter cost (or a higher actual amount if you can verify the expenses you expect to have). If you use the standard "homeless" deduction, subtract \$143 from your answer to Line (M) above and enter the answer at Line (S), skipping steps (N) through (R).

You have found your shelter cost. Now you can continue on to determine your net monthly income under Part I.

N. Write your total shelter costs here: \$ _____ (N)

O. Subtract half of your adjusted income (answer to M x .50) - \$ _____ (O)

- P. The result is your "Excess Shelter Cost" \$ _____ (P)
- Q. Write your Adjusted Income (answer to M) = \$ _____ (Q)
(Answer to M)
- R. Subtract Excess Shelter Costs (answer to P) - \$ _____ (R)
(Answer to P)
- S. Monthly Net (Countable) Income = \$ _____ (S)
Answer

THIS IS YOUR MONTHLY NET INCOME FOR FOOD STAMP PURPOSES

PART II. Find Amount of Food Stamps

NOTE: If everyone in your household who would receive Food Stamps also receives TANF, PaS, SSI or General Assistance, skip this chart and go onto Step T. You do not need to meet this income test.

Compare monthly net income (Answer to S) to Chart below. If your monthly net income is higher than figure on the Chart, you are not eligible for Food Stamps. If it is lower, go on to next step.

Family Size Maximum	1	2	3	4	5	6	7	8	For each additional person add
Net Income	\$867	\$1,167	\$1,467	\$1,767	\$2,067	\$2,367	\$2,667	\$2,967	+300

- T. Multiply the household's monthly net income (Answer to S) by 0.3 (S x 0.3) \$ _____ (T)
- U. Round up to the next whole dollar to find Adjusted Food Stamp Income \$ _____ (U)
- V. Give figure for maximum Food Stamp allotment for your family size from the chart below. \$ _____ (V)

Family Size Maximum	1	2	3	4	5	6	7	8	For each additional person add
Food Stamp Allotment	\$176	\$323	\$463	\$588	\$698	\$838	\$926	\$1058	+\$132

W. Subtract the answer to (U) (Adjusted Food Stamp Income) from the answer to (V) (Maximum Food Stamp Allotment)

\$ _____
(Answer to V)

-\$ _____
(Answer to U)

MONTHLY FOOD STAMP ALLOTMENT:

(See box below if answer is less than \$14)

= \$ _____ (W)

Special Rules if the Answer to (W) is less than \$10

X. If the number of people in the household is 1 or 2, the household is entitled to at least \$14 of Food Stamps. This is true even if (W) above is less than zero. If (W) is less than \$10, the allotment is still \$14.

\$ 14 (X)

Y. If the number of people in the household is 3 or more, and (W) is \$1, \$3, or \$5, round up to \$2, \$4 or \$6.

\$ _____ (Y)
(\$2, \$4, or \$6)

These rules apply after the first month of eligibility. For the first month, you will not get anything.

Prepared by Pine Tree Legal Assistance
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Notice

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