

MASSACHUSETTS SNAP BENEFITS WORKSHEET



Effective October 1, 2025

1. GROSS Earned Income _____
(exclude any legally obligated child support paid out) +
2. ADD Gross Unearned Income _____
(exclude any legally obligated child support paid out)
3. TOTAL GROSS Monthly income = _____
Compare with Gross Income Test

INCOME DEDUCTIONS

4. SUBTRACT 20% of Line 1 Earned Income - _____
(if legally obligated child support paid out from earnings, first add back in for 20% calc)
5. SUBTRACT Standard Deduction - _____
Household Size: 1-3 = \$209;
4 = \$223; 5 = \$261; 6+= \$299
6. SUBTRACT Excess Medical Deduction (See Box A) - _____
7. SUBTRACT Dependent Care Costs - _____
8. SUBTRACT Homeless Deduction (\$199) - _____
(only if homeless household not claiming regular Shelter Deduction)

PRELIMINARY ADJUSTED

NET INCOME (PANI)

9. SUBTRACT Excess Shelter (see Box B) - _____
Amount capped at \$744 **unless** 60+/disabled person in household!

MONTHLY NET INCOME

To estimate APPROXIMATE SNAP benefit:

1. Take 30% of Monthly Net Income X .3 _____
= _____
2. Maximum SNAP benefit for Household size (see chart to right) _____
3. SUBTRACT Line 1 (30% of Net) - _____

APPROX. MONTHLY SNAP**

** 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 \$24 minimum SNAP.

GROSS INCOME TEST AND MAXIMUM SNAP

Household Size	Gross Income Test-200% FPL	Maximum SNAP benefit
1	\$2,608	\$298
2	\$3,525	\$546
3	\$4,442	\$785
4	\$5,358	\$994
5	\$6,275	\$1,183
6	\$7,192	\$1,421
7	\$8,108	\$1,571
8	\$9,025	\$1,789
Each add'l member	+ \$917	+ \$218

Box A - Medical Deduction

Medical Expenses _____
Threshold - \$35 - 35
Medical Deduction = X

X If medical deduction > \$35, enter \$155 standard deduction on Item #6. If actual medical expense > \$190/month, then use actual less \$35.

Box B - Shelter Deduction

Rent or home ownership costs _____
Add SUA amount* + _____
TOTAL shelter expenses = _____
Shelter Standard (Divide PANI by 2) - _____
Excess Shelter Deduction = _____

NOTE: Enter maximum \$744 shelter on Line #10 **unless** 60+/disabled person in household, then use actual amount.

*SUA = Standard Utility Allowance:

\$914/mo – heating or AC costs or fuel assistance
\$556/mo - non-heating/cooling utilities
\$ 64/mo - phone only

NOTE: Households with a member disqualified due to a SNAP IPV must meet 130% FPL gross income test, 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.