

# MASSACHUSETTS SNAP BENEFITS WORKSHEET

Effective October 1, 2022

→ COVID Emergency Allotments bring all eligible households to at least maximum SNAP. See [MassLegalServices.org/DTA-COVID-19](https://www.masslegal.org/DTA-COVID-19)

1. GROSS Earned Income \_\_\_\_\_  
(exclude any legally obligated child support paid out)
2. ADD Gross Unearned Income + \_\_\_\_\_
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: 1-4 = \$193;  
5 = \$225; 6+ = \$258
6. SUBTRACT Excess Medical Deduction (See Box A) - \_\_\_\_\_
7. SUBTRACT Dependent Care Costs = \_\_\_\_\_
8. SUBTRACT Homeless Deduction (\$167) = \_\_\_\_\_  
(only if homeless household not claiming regular Shelter Deduction)

## PRELIMINARY ADJUSTED

## NET INCOME (PANI)

9. SUBTRACT Excess Shelter (see Box B) - \_\_\_\_\_  
Amount capped at \$624 **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 \$23 minimum SNAP.

## GROSS INCOME TEST AND MAXIMUM SNAP

Household Size	Gross Income Test-200% FPL	Maximum SNAP benefit
1	\$2,265	\$281
2	\$3,052	\$516
3	\$3,838	\$740
4	\$4,625	\$939
5	\$5,412	\$1,116
6	\$6,198	\$1,339
7	\$6,985	\$1,480
8	\$7,772	\$1,691
Each add'l member	+ \$787	+ \$211

### Box A - Medical Deduction

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

⌘ 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 \$624 shelter on Line #10 **unless** 60+/disabled person in household, then use actual amount.

#### \*SUA = Standard Utility Allowance:

\$860/mo – heating or AC costs or fuel assistance  
\$525/mo - non-heating/cooling utilities  
\$ 60/mo - 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.