

# MASSACHUSETTS SNAP BENEFITS WORKSHEET



Effective February 1, 2024

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: 1-3 = \$198;  
4 = \$208; 5 = \$244; 6+= \$278
6. SUBTRACT Excess Medical Deduction (See Box A) - \_\_\_\_\_
7. SUBTRACT Dependent Care Costs = \_\_\_\_\_
8. SUBTRACT Homeless Deduction (\$180) = \_\_\_\_\_  
(only if homeless household not claiming regular Shelter Deduction)

### PRELIMINARY ADJUSTED

### NET INCOME (PANI)

9. SUBTRACT Excess Shelter (see Box B) - \_\_\_\_\_  
Amount capped at \$672 **unless** 60+/disabled person in household!

### MONTHLY NET INCOME

To estimate APPROXIMATE SNAP benefit:

1. Take 30% of Monthly Net Income  $\times$  \_\_\_\_\_ .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	\$2,510	\$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

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

$\times$  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:

\$852/mo – heating or AC costs or fuel assistance  
\$520/mo - non-heating/cooling utilities  
\$ 69/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.