

MASSACHUSETTS SNAP BENEFITS WORKSHEET



Effective October 1, 2024

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 = \$204;
4 = \$217; 5 = \$254; 6+= \$291
6. SUBTRACT Excess Medical Deduction (See Box A) - _____
7. SUBTRACT Dependent Care Costs - _____
8. SUBTRACT Homeless Deduction (\$190) - _____
(only if homeless household not claiming regular Shelter Deduction)

PRELIMINARY ADJUSTED

NET INCOME (PANI)

9. SUBTRACT Excess Shelter (see Box B) - _____
Amount capped at \$712 **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	\$2,510	\$292
2	\$3,407	\$536
3	\$4,303	\$768
4	\$5,200	\$975
5	\$6,097	\$1,158
6	\$6,993	\$1,390
7	\$7,890	\$1,536
8	\$8,787	\$1,756
Each add'l member	+ \$897	+ \$220

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 \$712 shelter on Line #10 **unless** 60+/disabled person in household, then use actual amount.

*SUA = Standard Utility Allowance:

\$890/mo – heating or AC costs or fuel assistance
\$542/mo - non-heating/cooling utilities
\$ 62/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.