

MAINE FOOD SUPPLEMENT ESTIMATOR

For households with **NO** elderly (age 60 or over) or disabled members

PART I. Find Gross Income Eligibility

NOTE: If everyone in your household who would receive benefits also receives TANF, PaS or General Assistance, skip this part and go on to PART II. You can also skip this part if your household includes a child who lives with a caretaker relative.

- A. Gross Earned Income for Month (Wages before taxes and other payroll deductions are taken out. Use weekly gross pay X 4.3) \$ _____ (A)
- B. Add Other Income (TANF, Social Security, etc.) + \$ _____ (B)
- C. Subtotal (A + B) \$ _____ (C)
- D. Subtract legally obligated support paid for children outside the household - \$ _____ (D)
- E. Total Gross Monthly Income (C minus D) = \$ _____ (E)
- Answer**

Compare Gross Monthly Income (E) to Chart Below. If your gross income is higher than the maximum gross income for your family size, you are not eligible for Food Stamps. If it is lower, go to Part II.

Family Size	1	2	3	4	5	6	7	8	For each additional person add
Maximum Gross Income	\$1,265	\$1,705	\$2,144	\$2,584	\$3,024	\$3,464	\$3,904	\$4,344	+\$440

PART II. Find Monthly Net Income

- F. Gross Monthly **Earned** Income (Same as Line A above) \$ _____ (F)
- G. Subtract Work Expense Deduction: (20% of Earned Income (F x .20)) - \$ _____ (G)
- H. Net Earned Income (F minus G) = \$ _____ (H)
- Answer**

- I. Add Other Income (TANF, Social Security, etc.) + \$ _____ (I)
- J. Subtotal (H + I) = \$ _____ (J)
Answer
- K. Subtract Standard Deduction (\$155 for household with 1-3 members, \$165 if 4 members, \$193 if 5 members, \$221 if 6 or more members) - \$ _____ (K)
- L. Adjusted Income (J) minus Standard Deduction (K) = \$ _____ (L)
Answer
- M. Subtract Monthly Dependent Care Costs* (Actual out-of-pocket cost of care.) - \$ _____ (M)
- N. Adjusted Income (L minus M) = _____ (N)
Answer
- O. Subtract legally obligated support paid for children outside the household - \$ _____ (O)
- P. Adjusted Income (N minus O) = \$ _____ (P)

*"Dependent Care Costs" include childcare costs and costs of caring for adult dependents in the home, so that you can work, look for work, or attend school or training.

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 Q.

You can use Option 1 if:

1. You pay for your own heat or air conditioning, or
2. You received a payment of more than \$20 in fuel assistance (LIHEAP) or similar fuel aid benefits in the current month or the 12 months before that, or
3. 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 mortgages and home equity loans), condominium fees \$ _____
- fire insurance on home (monthly) + \$ _____
- property tax (monthly) + \$ _____

SUBTOTAL = \$ _____

Add in the "Standard Utility Allowance" of \$687 + \$ 687.00

TOTAL SHELTER COST – Option 1 = \$ _____
 (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 \$ 228 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.] + \$ 228 OR (\$ _____)Actual

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 \$45 if you pay for a telephone or phone cards	+ \$ _____
TOTAL SHELTER COST - <u>Option 3*</u> (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 (P) above and enter the answer at Line (V), skipping steps (Q) through (U).

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

Q. List your answer to Line (P) here	\$ _____ (Q)
R. Give 1/2 of your answer to (Q) ("Q" x .50)	\$ _____ (R)
S. List the total shelter cost that you determined in your shelter deduction calculation (Option 1, 2 or 3) above	\$ _____ (S)
T. Subtract your answer to (R) from your answer to (S)	- \$ _____ (Answer to R)
	= \$ _____ (T) Answer

U. If your answer to (T) is more than \$490, put \$490 here

or

If your answer to (T) is less than \$490, put your answer to (T) here \$ _____ (U)

V. Subtract your answer to (U) from your Answer to (Q)

\$ _____
(Answer to Q)

- \$ _____
(Answer to U)

= _____ (V)

**THE ANSWER TO (V) IS YOUR MONTHLY NET
INCOME FOR FOOD SUPPLEMENT PURPOSES**

PART III. Find Amount of Benefits

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

Compare monthly net income (Answer to V) 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	1	2	3	4	5	6	7	8	For each additional person add
Maximum Net Income	\$973	\$1,311	\$1,650	\$1,988	\$2,326	\$2,665	\$3,003	\$3,341	+339

W. Multiply the household's monthly net income (Answer to V) by 0.3 (V x 0.3)

\$ _____ (W)

X. Round up to the next whole dollar to find Adjusted Income

\$ _____ (X)

Y. Give figure for maximum allotment for your family size from the chart below.

\$ _____ (Y)

Family Size	1	2	3	4	5	6	7	8	For each additional person add
Maximum Food Stamp Allotment	\$194	\$357	\$511	\$649	\$771	\$925	\$1,022	\$1,169	+\$146

Z. Subtract the answer to (X) (Adjusted Income)
from the answer to (Y) (Maximum Allotment)

\$ _____
(Answer to Y)

-\$ _____
(Answer to X)

MONTHLY BENEFIT ALLOTMENT:
(See box below if answer is less than \$16)

= \$ _____ (Z)

Special Rules if the Answer to (Z) is less than \$16

AA. If the number of people in the household is 1 or 2, the household is entitled to at least a \$16 benefit. This is true even if (Z) above is less than zero. If (Z) is less than \$16, the allotment is still \$16.

\$ 16 (AA)

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

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

These rules apply after the first month of eligibility. For the first month, different minimum benefit rules apply.

Prepared by Pine Tree Legal Assistance
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Notice

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