

Iowa Department of Human Services
SNAP Computation

Case Name

Household Size _____

Documentation _____

A. GROSS INCOME TEST INFORMATION		
Earned (from line 1)	+	<input style="width: 90%; border: none;" type="text"/>
Self-Employment (from line 2)	+	<input style="width: 90%; border: none;" type="text"/>
Unearned (from line 5)	+	<input style="width: 90%; border: none;" type="text"/>
Educational Money (from line 6)		<input style="width: 90%; border: none;" type="text"/>
Total Gross Income		<input style="width: 90%; border: none;" type="text"/>
<hr/>		
B. EARNED INCOME (Monthly Earnings)		
Person	+	<input style="width: 90%; border: none;" type="text"/>
Person	+	<input style="width: 90%; border: none;" type="text"/>
Person	+	<input style="width: 90%; border: none;" type="text"/>
Person	+	<input style="width: 90%; border: none;" type="text"/>
Total Earned Income	1	<input style="width: 90%; border: none;" type="text"/>
<hr/>		
C. SELF EMPLOYMENT INCOME		
Business(es)		<input style="width: 90%; border: none;" type="text"/>
Total Net Self-employment Income	2	<input style="width: 90%; border: none;" type="text"/>
<hr/>		
D. TOTAL OF ALL EARNED INCOME (add lines 1 and 2)		3
Determine the earned income deduction	x	<input style="width: 50%; border: none;" type="text"/> .80
Countable Earned Income	4	<input style="width: 90%; border: none;" type="text"/>
<hr/>		
E. UNEARNED INCOME		
<input style="width: 90%; border: none;" type="text"/>	+	<input style="width: 90%; border: none;" type="text"/>
<input style="width: 90%; border: none;" type="text"/>	+	<input style="width: 90%; border: none;" type="text"/>
<input style="width: 90%; border: none;" type="text"/>	+	<input style="width: 90%; border: none;" type="text"/>
<input style="width: 90%; border: none;" type="text"/>		<input style="width: 90%; border: none;" type="text"/>
Total Unearned Income	5	<input style="width: 90%; border: none;" type="text"/>
<hr/>		
F. EDUCATIONAL LOANS, GRANTS		
Monthly Countable Student Income		<input style="width: 90%; border: none;" type="text"/>
Monthly Countable Student Income	6	<input style="width: 90%; border: none;" type="text"/>
<hr/>		
G. TOTAL COUNTABLE EARNED AND UNEARNED INCOME		
Add lines 4, 5 and 6	7	<input style="width: 90%; border: none;" type="text"/>
Enter Standard Deduction	-	<input style="width: 90%; border: none;" type="text"/>
Remaining Income	8	<input style="width: 90%; border: none;" type="text"/>

H. MEDICAL EXPENSES		
Enter monthly medical expense	_____	
Subtract nondeductable amount	-35.00	
Total allowable medical expenses	9 _____	
Enter remaining income (from line 8)		_____
Enter allowable medical expenses (line 9)		- _____
Income Remaining After Medical Deduction	10	_____

I. CHILD SUPPORT PAYMENT EXPENSE		
Enter remaining income from line 10, (line 8 if no medical expenses)	11	_____
Enter total monthly child support payment expense.		- _____
Income Remaining After Child Support Payment Deduction	12	_____

J. CHILD/DEPENDENT CARE EXPENSE		
Enter remaining income from line 12 (line 11 if no child support payment expense)		_____
Enter allowable dependent care expense		- _____
Income Remaining After Dependent Care Deduction	13	_____

K. HOMELESS STANDARD DEDUCTION		
Enter remaining income from line 13		_____
Enter homeless standard amount		- _____
Income Remaining After Homeless Standard Deduction	14	_____

L. SHELTER COST		
Enter income from Line 14	_____	
Determine the base client shelter cost	x _____ .50	
	15 _____	
Enter Monthly Amounts		
Rent or mortgage	_____	
Taxes	_____	
Insurance	_____	
Utility standard	_____	
Gas	_____	
Electric	_____	
Water and sewer	_____	
Garbage and trash	_____	
Phone	_____	
Other _____	_____	
Installation of utility	_____	

Total Costs	16		
Enter base client shelter costs (from line 14)	17	-	
Excess shelter costs	18		
Enter the excess shelter deduction (from line 18) (Not to exceed maximum) (a negative figure to be entered as 0)	19	-	
Adjusted Net Income	20		

M. GROSS NET TESTS

Does this household meet the gross income test? Yes No N/A
 Does this household meet the net income test? Yes No N/A

N. BENEFIT CALCULATION

Maximum Food Assistance Allotment _____
 (for this household size)
 Adjusted Net Income (Line 20) x .30 - _____
 Food Assistance Benefit
 (Full Month) 20 _____

O. REASON COMPLETED

- Regular issuance through line IX
- Expedited Service
- Claim Determination
- Restoration of Lost Benefits
- Other (Specify) _____

P. PRORATION

If benefits are prorated:
 Prorated benefit amount _____ Benefit month/year _____

Q. SIGNATURE

Worker signature _____ Date completed _____

R. COMMENTS