



Iowa Department of Health and Human Services  
**Desk Aid**

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS								
		Household Size								
		1	2	3	4	5	6	7	8	
<b>SNAP</b>	\$4,500 if one or more age 60 or older or disabled	Gross	\$1,632	\$2,215	\$2,798	\$3,380	\$3,963	\$4,546	\$5,129	\$5,712
		Net	\$1,255	\$1,704	\$2,152	\$2,600	\$3,049	\$3,497	\$3,945	\$4,394
		Max Allotment	\$292	\$536	\$768	\$975	\$1,158	\$1,390	\$1,536	\$1,756
	\$3,000 all other households									
<b>Expanded SNAP Cat Elig</b>	None	Household Size								
		1	2	3	4	5	6	7	8	
		\$2,008	\$2,727	\$3,444	\$4,160	\$4,879	\$5,596	\$6,312	\$7,031	
<b>FIP</b>	\$2,000 per applicant household	Household Size								
		1	2	3	4	5	6	7	8	
	Test 1	\$675.25	\$1,330.15	\$1,570.65	\$1,824.10	\$2,020.20	\$2,249.60	\$2,469.75	\$2,695.45	
	Test 2	\$365	\$719	\$849	\$986	\$1,092	\$1,216	\$1,335	\$1,457	
\$5,000 per recipient household	Test 3	\$183	\$361	\$426	\$495	\$548	\$610	\$670	\$731	