

**3SquaresVT, Vermont's Supplemental Nutrition Assistance Program**  
**INCOME WORKSHEET FOR HOUSEHOLDS**  
**WITHOUT A SENIOR (60 ±) OR A PERSON WITH A DISABILITY**  
*Revised December, 2010*

Number in Household: \_\_\_\_\_

A. List all **gross monthly earned income** (don't list excluded income)

- 1) wages \_\_\_\_\_
- 2) training allowance \_\_\_\_\_
- 3) self-employment or farm income \_\_\_\_\_
- 4) net boarder/roomer income  
(income minus business expense) \_\_\_\_\_
- 5) rental income (if property managed by self) \_\_\_\_\_

➔ Add together A1-A5 **Total earned income** A. \_\_\_\_\_

B. List all **monthly unearned income** (don't list excluded income)

- 1) public benefits (Reach Up, SSI, SSD, VA, etc.) \_\_\_\_\_
- 2) net rental income (if property managed by third party) \_\_\_\_\_
- 3) child support and/or alimony received \_\_\_\_\_
- 4) countable dividends, interest, royalties \_\_\_\_\_
- 5) countable educational income \_\_\_\_\_
- 6) other \_\_\_\_\_

➔ Add together B1-B6 **Total unearned income** B. \_\_\_\_\_

C. Add total earned income (A) and total unearned income (B) **Total gross income** C. \_\_\_\_\_

D. List monthly **gross income limit** for household size (P-2590C). If household is categorically eligible, skip this step and go on to F. **Gross Income Limit** D. \_\_\_\_\_

E. If the total gross income (C) is less than or equal to the gross income limit (D), go on to F. **If not, stop here.** The household is not eligible for 3SquaresVT benefits.

F. Multiply total earned income (A) by .8 **Net earned income** F. \_\_\_\_\_  
 (This is the 20% **earned income deduction**)

G. Add total unearned income (B) and net earned income (F) **Income before deductions** G. \_\_\_\_\_

H. List the **standard deduction** (P-2590 A1) H. \_\_\_\_\_  
 (\$142 for HH of 1-3; \$153 for HH of 4; \$179 for HH of 5; \$205 for HH of 6 or more)

I. List monthly **dependent care costs** I. \_\_\_\_\_

J. List **court-ordered child support** payments (amount actually paid) J. \_\_\_\_\_

K. Subtract standard deduction (H), dependent care costs (I), and child support payments (J) from income before deductions (G). **Adjusted Income** K. \_\_\_\_\_

[pg. 2, no elderly or disabled household members]

**Adjusted Income** K. \_\_\_\_\_

L. Calculate monthly **shelter costs**

1) rent \_\_\_\_\_

2) mortgage \_\_\_\_\_

3) property taxes \_\_\_\_\_

4) insurance (structure only)  
(Divide annual cost by 12 to get monthly amount) \_\_\_\_\_

5) choose the **standard utility allowance** (a, b, or c) that  
applies (See P-2590 A1 #5): \_\_\_\_\_

- a) \$ 744 (household pays all utilities, gets fuel assistance, or heat is included but pays additional for air conditioning) or
- b) \$212 (heat included in rent, household pays lights, etc.) or
- c) \$36 (telephone only)

➔ Add together L1-L5 **Total shelter costs** L. \_\_\_\_\_

M. Calculate **shelter deduction**

(A deduction may be taken for excess shelter costs—shelter costs that are more than half of the adjusted income)

1) Calculate **excess shelter costs**

Total shelter costs (L) \_\_\_\_\_

*Minus*

Half of adjusted income (K÷2) \_\_\_\_\_

*Equals*

**Excess shelter costs** \_\_\_\_\_

(If total shelter costs (L) are less than half the adjusted income (K÷2), excess shelter costs are 0).

2) List **maximum shelter deduction** (Currently \$458) \_\_\_\_\_

3) Write down the excess shelter costs or the maximum shelter deduction, *whichever is less*. This amount is the shelter deduction.

**Shelter deduction** M. \_\_\_\_\_

N. Subtract shelter deduction (M) from adjusted income (K) to get **monthly net income**

Adjusted income (K) \_\_\_\_\_

*Minus*

Shelter deduction (M) \_\_\_\_\_

*Equals*

Monthly Net Income (N) \_\_\_\_\_

**Monthly net income** N. \_\_\_\_\_

O. Calculate **monthly 3SquaresVT benefit allotment**. Look up monthly net income (N) on the benefit allotment chart (P-2590D also online at <http://dcf.vermont.gov/sites/DCF/files/pdf/esd/rules/B09-26.pdf>). If monthly net income is a negative number, look up zero income on the chart.

**Monthly 3SquaresVT benefit allotment** O. \_\_\_\_\_

