

Date: 08/19/2022

Case Number: 00037377403D

Case Name: CARTER BEULAH

General Phone Number: (718) 557-1399

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested. As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

Contact Information:

Head of Household: BEULAH CARTER

Home Address: 9216 UNION HALL ST JAMAICA NY 11433

Mailing Address: 9216 UNION HALL ST JAMAICA NY 11433

Phone Number: (929) 233-0610 Email Address: mrs.beulahcarter@gmail.com

Legend

AP= Applying	SI = Single Issue	CA= Cash Assistance
AC= Active	CL/RJ= Not Active	MA= Medicaid
SN= Sanctioned	NA= Not Applying	SNAP= Supplemental Nutrition Assistance Program Benefits

Household Members:

First Name	Last Name	Sex	Date of Birth	Relationship	CA Status	MA Status	SNAP Status
	BEULAH CARTER	F	01/02/1987	Casehead	AC		AC
N	JEREMIAH I DICKSO	M	04/03/2019	Natural Son	AC		AC
N	ISAAKDICK LAWRE	M	02/12/2007	Natural Son	AC		AC
R	ANSELM DICKSON3	M	09/18/2013	Natural Son	AC		AC
	EMILY S DICKSON	F	07/04/2015	Natural Daughter	AC		AC
O	GABRIELLE N DICKS	F	06/24/2009	Natural Daughter	AC		AC

Effective Date of Budget: 22/A/09

Local Office: 054

Worker: H. Samake

Case Name: CARTER BEULAH

Case Number: 00037377403D

Suffix: 1

Number in CA H/H: 06

Number in Suffix:

<u>NEEDS</u>	<u>185% TEST & POVERTY LEVEL TEST AMOUNT</u>	D. GROSS	\$.00	<u>EARNED INCOME</u>	
PRE ADDED ALLOWANCE	\$308.50			<u>ACTUAL</u>	<u>ALLOWED</u>
1. SHELTER	\$1365.00	STANDARD DEDUCTION		\$.00	\$.00
ENERGY	\$27.60	\$.00% DEDUCTION			
ENERGY SUPPLEMENT	\$21.00	CHILD CARE		\$.00	\$.00
WATER	\$.00	\$ 15 EXEMPTION		\$.00	\$.00
FUEL	\$.00	1/3 EXEMPTION		\$.00	\$.00
PREGNANCY ALLOWANCE	\$.00	OTHER DEDUCTION (INCLUDES PRORATA REDUCTION AMT)		\$.00	\$.00
HOME DELIVERED MEALS					
RESTAURANT ALLOWANCE	\$.00	E. TOTAL DEDUCTIONS		\$.00	
OTHER NEEDS	\$.00	F. NET EARNED INCOME		\$.00	
A. TOTAL NEEDS FOR 185% TEST	\$1722.10			<u>UNEARNED INCOME</u>	
185% X TOTAL NEEDS	\$3185.89	SOURCE		<u>AMOUNT</u>	
TOTAL EARNED + UNEARNED FOR 185% TEST POVERTY LEVEL TEST	\$.00	014			\$62.50
	\$1549.59				\$.00
TOTAL INCOME FOR POVERTY LEVEL TEST	\$.00	G. TOTAL UNEARNED INCOME			\$62.50
		UNEARNED INCOME DEDUCTION (INCLUDES PRORATA REDUCTION AMT)			\$.00
NEEDS REDUCTION DUE TO IVD SANCTION	\$.00	H. NET UNEARNED INCOME			\$62.50
B. TOTAL NEEDS FOR NET INCOME TEST	\$1722.00	I. TOTAL INCOME (F + H)			\$62.50
NEEDS REDUCTION DUE TO PRORATA SANCTION	\$.00				
C. TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION	\$357.00			<u>CASH ASSISTANCE GRANT CALCULATION</u>	
		C. TOTAL NEEDS			\$357.00
<u>OTHER ALLOWANCES</u>		I. TOTAL INCOME			\$62.50
REFRIGERATOR RENTAL ALLOWANCE	\$.00	J. BUDGET DEFICIT			
		RECOUPMENT AMOUNT			\$.00
		SEMI-MONTHLY CASH ASSISTANCE GRANT			\$294.50

BUDGET NUMBER

NOTE: AMOUNTS SHOWN IN ITEMS (A) AND (J) ABOVE HAVE BEEN ROUNDED DOWN.

SNAP BUDGET CALCULATION FOR CA & CA-SSI CASES

Case Number: 00037377403D

Local Office: 054

Number in Case: 06

Worker: H. Samake

Case Name: CARTER BEULAH

Effective Date of Budget: 22/A/09

BUDGET CALCULATION**A. INCOME**

1. SEMI-MONTHLY GROSS EARNED INCOME	\$	0.00
2. NET S / M INCOME FROM BOARDER/LODGER	\$	0.00
3. TOTAL S/M INCOME (LINE 1 + 2)	\$	0.00
4. S / M CASH ASSISTANCE GRANT	-\$	294.50
5. TOTAL S/M PA RECOUPMENT	\$	0.00
6. NET S/M CASH ASSISTANCE GRANT (LINE 4 MINUS 5)	\$	589.00
7. GROSS S/M OTHER UNEARNED INCOME	\$	162.50
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	\$	457.00
9. S / M GROUP HOME EXCLUSION	\$	0.00
10. S / M CHILD SUPPORT EXCLUSION	\$	0.00
11. LINES 3 + 8 , LESS LINES 9 + 10	A.	\$457.00

B. \$192... STANDARD SEMI-MONTHLY

B.

C. DEDUCTIONS

12 20% OF LINE 3		
13 STANDARD DEDUCTION	\$	123.00
14 ALLOWABLE SEMI-MONTHLY CHILD-CARE / DEPENDENT CARE COSTS	\$	0.00
15 ALLOWABLE S / M MEDICAL DEDUCTIONS	\$	0.00
16 CHILD SUPPORT DEDUCTIONS	\$	0.00
17 HOMELESS SHELTER DEDUCTION	\$	0.00
18 LINES 12 + 13 + 14 + 15 + 16 + 17	C.	\$123.00

D. ADJUSTED INCOME

19 A MINUS C	D.	\$334.00
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BUDGET NUMBER:

E. SHELTER COSTS

20. S / M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD	\$	0.00
21. S / M COMBINED UTILITY/PHONE STANDARD	\$	0.00
22. S / M COMBINED HEAT/UTILITY/PHONE STANDARD	\$	0.00
23. S / M PHONE STANDARD		\$15.50
24. OTHER S / M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC		\$0.00
25. LINES 20 + 21 + 22 + 23 + 24	E.	\$15.50

F. EXCESS SHELTER DEDUCTIONS

26. TOTAL SHELTER COST, E		\$0.00
27. 1/2 OF ADJUSTED INCOME, D		\$167.00
28. EXCESS SHELTER COSTS. (LINES 26 MINUS 27) IF 26 IS LESS THAN 27, ZERO WILL APPEAR		
29. MAXIMUM SHELTER DEDUCTION FOR AGED / DISABLED, AMOUNT FROM LINE 28. FOR ALL OTHERS, ACTUAL OR STANDARD, 229.50, WHICHEVER IS LESS.	F.	\$0.00

G. SEMI-MONTHLY SNAP NET INCOME

30. D, ADJUSTED INCOME		\$334.00
31. F, EXCESS SHELTER DEDUCTION		\$0.00
32. S / M NET SNAP INCOME. (LINE 30 MINUS 31)	G.	\$334.00

H. MONTHLY SNAP NET INCOME

33. MULTIPLY AMOUNT IN 32 X 2	H.	\$668.00
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I. BENEFIT ENTITLEMENT

34. BENEFIT		\$494.50
35. MONTHLY SNAP RECOUPMENT		\$0.00
36. ADJUSTED BENEFIT AMOUNT. (LINE 34 MINUS 35)	I.	\$494.50

FEDERAL SNAP:

STATE SNAP: