

038
Rider Job Center
300 Canal Place
Bronx, NY 10451



Chloe Nottingham
1939 WEST FARMS ROAD Apt 406
BRONX, NY 10460-6079

Date: 09/06/2023

Case Number: 00030209307F

Case Name: NOTTINGHAM CHLOE

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: Chloe Nottingham

Home Address: 1939 WEST FARMS ROAD Apt 406 BRONX NY 10460

Mailing Address: 1939 WEST FARMS ROAD BRONX NY 10460

Phone Number: (718) 924-7250 Email Address: cnottingham08@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
M	CHLOE NOTTINGHA	F	12/12/1990	Casehead	AC		AC
N	VANESSA D CALDERO	F	08/23/2009	Natural Daughter	AC		AC
	AMIRE J POWELL	M	02/17/2015	Natural Son	AC		AC
HAMDAVIS	CADENCE NOTTING	F	06/20/2019	Natural Daughter	AC		AC
GHAMDAVIS	PROPHECY A NOTTIN	M	05/17/2021	Natural Son	AC		AC

SEMI-MONTHLY CASH ASSISTANCE BUDGET CALCULATION

Effective Date of Budget: 23/B/02

Local Office: 038

Worker:

Case Name: NOTTINGHAM CHLOE

Case Number: 00030209307F

Suffix: 1

Number in CA H/H: 05

Number in Suffix:

<u>RESTR</u>	<u>NEEDS</u>	<u>185% TEST & POVERTY LEVEL TEST AMOUNT</u>	<u>EARNED INCOME</u>		
			D. GROSS	\$.00	
	PRE ADDED ALLOWANCE	\$267.00			<u>ACTUAL</u> <u>ALLOWED</u>
1.	SHELTER	\$.00	STANDARD DEDUCTION	\$.00	\$.00
	ENERGY	\$23.85	50 % DEDUCTION		
	ENERGY SUPPLEMENT	\$18.50	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	\$309.35			
	185% X TOTAL NEEDS	\$572.30	<u>SOURCE</u>	<u>UNEARNED INCOME</u>	<u>AMOUNT</u>
	TOTAL EARNED + UNEARNED FOR 185% TEST POVERTY LEVEL TEST	\$.00			\$.00
		\$1352.92			\$.00
	TOTAL INCOME FOR POVERTY LEVEL TEST	\$.00	G. TOTAL UNEARNED INCOME		\$.00
			UNEARNED INCOME DEDUCTION (INCLUDES PRORATA REDUCTION AMT)		\$.00
	NEEDS REDUCTION DUE TO IVD SANCTION	\$.00	H. NET UNEARNED INCOME		\$.00
B.	TOTAL NEEDS FOR NET INCOME TEST	\$309.00	I. TOTAL INCOME (F + H)		\$.00
	NEEDS REDUCTION DUE TO PRORATA SANCTION	\$.00			
C.	TOTAL NEEDS FOR BUDGET DEFICIT CALCULATION	\$309.00		<u>CASH ASSISTANCE GRANT CALCULATION</u>	
			C. TOTAL NEEDS		\$309.00
	<u>OTHER ALLOWANCES</u>		I. TOTAL INCOME		\$.00
	REFRIGERATOR RENTAL ALLOWANCE	\$.00	J. BUDGET DEFICIT		
			RECOUPMENT AMOUNT		\$30.90
			SEMI-MONTHLY CASH ASSISTANCE GRANT		\$278.10

BUDGET NUMBER

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

Report Number: WINRO154 (Rev. 11/12)

SNAP BUDGET CALCULATION FOR CA & CA-SSI CASES

Report Date: 09/06/2023

Case Number: 00030209307F

Local Office: 038

Number in Case: 05

Worker:

Case Name: NOTTINGHAM CHLOE

Effective Date of Budget: 23/B/02

BUDGET CALCULATION**A. INCOME**

1. SEMI-MONTHLY GROSS EARNED INCOME	\$	00
2. NET S / M INCOME FROM BOARDER/LODGER	\$	00
3. TOTAL S/M INCOME (LINE 1 + 2)	\$	00
4. S / M CASH ASSISTANCE GRANT	-\$	309.00
5. TOTAL S/M PA RECOUPMENT	\$	30.90
6. NET S/M CASH ASSISTANCE GRANT (LINE 4 MINUS 5)	\$	556.20
7. GROSS S/M OTHER UNEARNED INCOME	\$	00
8. TOTAL S/M UNEARNED INCOME (LINES 6 + 7)	\$	309.00
9. S / M GROUP HOME EXCLUSION	\$	00
10. S / M CHILD SUPPORT EXCLUSION	\$	00
11. LINES 3 + 8 , LESS LINES 9 + 10	A.	\$309.00

B. \$175... STANDARD SEMI-MONTHLY

B.

C. DEDUCTIONS

12 20% OF LINE 3		
13 STANDARD DEDUCTION	\$	112.50
14 ALLOWABLE SEMI-MONTHLY CHILD-CARE / DEPENDENT CARE COSTS	\$	00
15 ALLOWABLE S / M MEDICAL DEDUCTIONS	\$	00
16 CHILD SUPPORT DEDUCTIONS	\$	00
17 HOMELESS SHELTER DEDUCTION	\$	00
18 LINES 12 + 13 + 14 + 15 + 16 + 17	C.	\$112.50

D. ADJUSTED INCOME

19 A MINUS C	D.	\$196.50
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BUDGET NUMBER:

E. SHELTER COSTS

20. S / M ACTUAL RENT OR MORTGAGE BILLED TO HOUSEHOLD	\$	125.00
21. S / M COMBINED UTILITY/PHONE STANDARD	\$	00
22. S / M COMBINED HEAT/UTILITY/PHONE STANDARD	\$	501.00
23. S / M PHONE STANDARD	\$	00
24. OTHER S / M SHELTER EXPENSE, REAL ESTATE TAXES, INSURANCE, INSTALLATION OF UTILITIES, ETC	\$	00
25. LINES 20 + 21 + 22 + 23 + 24	E.	\$626.00

F. EXCESS SHELTER DEDUCTIONS

26. TOTAL SHELTER COST, E	\$	527.75
27. 1/2 OF ADJUSTED INCOME, D	\$	98.25
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.	\$229.50

G. SEMI-MONTHLY SNAP NET INCOME

30. D, ADJUSTED INCOME	\$	196.50
31. F, EXCESS SHELTER DEDUCTION	\$	312.00
32. S / M NET SNAP INCOME. (LINE 30 MINUS 31)	G.	-\$115.50

H. MONTHLY SNAP NET INCOME

33. MULTIPLY AMOUNT IN 32 X 2	H.	-\$231.00
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I. BENEFIT ENTITLEMENT

34. BENEFIT	\$	558.00
35. MONTHLY SNAP RECOUPMENT	\$	00
36. ADJUSTED BENEFIT AMOUNT. (LINE 34 MINUS 35)	I.	\$558.00

FEDERAL SNAP:

STATE SNAP: