# myBenefits Account

02/29/2024

### **Contact Info**

Head of Household	DAMIAN STENSON
Home Address	646 STATE ST ALBANY NY 12203
Mailing Address	
Phone	5182530324

#### Case # P199078

#### **Household Members**

Name	Gender	Date of Birth	Relationship to Head of Household
DAMIAN STENSON	М	04/01/1977	Applicant/Payee/MA ID Card Recipient

# **Food Stamp**

Benefit Recipients	Monthly Benefit	Next Benefit	Budget Effective Dates
DAMIAN STENSON	\$291.00	03/01/2024	12/01/2023-05/31/2024

#### Income

Name	Income Type	Monthly Amount
	Total We Count:	\$0.00

## Housing

Number of Household Members	Housing Type	Cost of Housing
1	Shelter for Homeless (3 Meals/Day)(u)	\$184.00

#### **Fuel**

Fuel Type	Standard Utility Allowance
Heat Included in Shelter Cost	\$819.00

### **Other Expenses**

Allowable Medical	Amount of Child	Child or Dependent
Expenses	Support Paid	Care Costs
\$0.00	\$0.00	\$0.00

**Temporary Assistance** 

Case Type	Case Name	Benefit	Semi-	Effective	Effective
		Recipients	monthly	Date From	Date To
			Cash Grant		
			Amount		
Safety Net	STENSON	DAMIAN	0	12/01/2023	05/31/2024
FNP Cash	DAMIAN	STENS			
Assistance		ON			
(SN-CSH)					
Tot	al Grant Amo	unt	\$45.00		

#### Income

Name Income Type		Monthly Amount	
Total We Count:			

# Housing

Number of Household Members	Housing Type	Cost of Housing	Housing Allowance
1	Shelter for Homeless (3 Meals/Day)(u)	\$0.0	\$0.0

## Utilities

Cost of Water	You pay for 'Fuel Type' OR Your heat is include in your rent	Fuel Vendor Name	Fuel Vendor Account #
\$0.0	Heat Included in Shelter Cost		

### Other Details

Sanctioned for TA only OR	TA Additional Allowance	TA Additional Allowance Amount	Someone in your home is
Sanctioned for FS and TA	Allowance	Allowance Amount	at least four months pregnant
Other Details			montalo prognant