

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM INCOME REPORTING INFORMATION

There are limits on the amount of money you can earn each month to be eligible for Supplemental Nutrition Assistance Program (SNAP), the new name for the food stamp program, benefits. For October 1, 2019 to September 30, 2020, they are:

SNAP INCOME LIMITS (130 PERCENT OF THE FEDERAL POVERTY INCOME GUIDELINES)

Number of people in your household	1	2	3	4	5	6	7	8
Gross monthly income	\$1,354	\$1,832	\$2,311	\$2,790	\$3,269	\$3,748	\$4,227	\$4,705*

* If there are more than eight people in your household, add \$479 for each person to \$4,705.

If your total household income goes above the amounts listed for a month, you need to report it to your county caseworker. Once you report that your income exceeds the limit and your benefits have been adjusted, you will not need to report any additional increases in income until your semi-annual review (SAR) or your renewal, which ever occurs first. This reporting requirement is for SNAP benefits only. If you receive other benefits, such as cash or medical assistance, you may have other reporting requirements.

How to determine your gross monthly income:

You can figure out your total household income for the month by adding up all the paychecks you received, using the gross amount (the amount before any taxes or deductions are taken out). You also need to include in the total any unearned income, such as Social Security, Supplemental Security Income, unemployment compensation, court ordered support, voluntary support, or other benefits received for the month. Compare the total to the monthly amounts listed in the table above.

- If the total is more than the amount listed above for the number of people in your household, call your county caseworker within 10 days.
- If the total is less than the amount listed, you do NOT need to contact your caseworker.

Remember:

This reporting requirement is for SNAP benefits only.

- Add up ALL the household income for each month.
- Use the household size that you last reported to your county assistance office.

Name: _____ **Case #:** _____ **Date:** _____

Our records show you have _____ /month gross wages or self-employment now.

Our records show you have _____ /month unearned income now.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

IMPORTANT INFORMATION ABOUT SNAP BENEFITS!

IMPORTANT INFORMATION about the Supplemental Nutrition Assistance Program or SNAP. If you need this information in another language or someone to translate, please contact your local county assistance office. Language assistance will be provided free of charge.

If you have a disability and need this application in large print or another format, please call our hotline at **1-800-692-7462**. TDD Services are available at **1-800-451-5886**.

INFORMACIÓN IMPORTANTE acerca del Programa de Asistencia Nutricional Suplementaria o SNAP. Si usted necesita esta información en otro idioma o un traductor, por favor comuníquese con su oficina de asistencia del condado. La asistencia en otros idiomas se proporciona de forma gratuita.

THÔNG TIN QUAN TRỌNG về Chương trình Hỗ trợ Dinh dưỡng Bổ sung hoặc SNAP. Nếu quý vị cần thông tin này bằng một ngôn ngữ khác hoặc một người nào đó dịch, xin vui lòng liên hệ với văn phòng hỗ trợ của hạt tại địa phương của quý vị. Việc hỗ trợ ngôn ngữ sẽ được cung cấp miễn phí.

有关SNAP (补充营养援助计划) 的重要信息。

如果您需要另一种语言或找人翻译此信息，请联系您当地的县区援助局。

我们会提供免费的语言服务。

ВАЖНАЯ ИНФОРМАЦИЯ о программе дополнительной помощи питания (Supplemental Nutrition Assistance Program) или сокращенно SNAP. Если Вам нужна эта информация на другом языке или кто-то, кто мог бы ее перевести, пожалуйста, свяжитесь с местным офисом помощи вашего округа. Языковая помощь будет предоставлена бесплатно.

ព័ត៌មានសំខាន់ៗអំពីកម្មវិធីជំនួយអាហារបន្ថែម (Supplemental Nutrition Assistance Program) ឬកម្មវិធី SNAP។

ប្រសិនបើលោកអ្នកត្រូវការព័ត៌មានភាសាផ្សេងទៀត

ឬត្រូវការអ្នកណាម្នាក់ជំនួយបកប្រែភាសានោះ សូមទាក់ទងមកការិយាល័យជំនួយនៅខោនធីម្សលដ្ឋានរបស់អ្នក។

ជំនួយផ្នែកភាសា នឹងត្រូវផ្តល់ជូនដោយឥតគិតថ្លៃ។

معلومات هامة حول برنامج المعونة الغذائية التكميلية أو SNAP. إذا كنت بحاجة إلى هذه المعلومات بلغة أخرى أو إلى مترجم، يرجى الاتصال بمكتب المعونة المحلي في مقاطعتك. سيتم توفير المساعدة اللغوية مجانًا.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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