

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) STANDARD UTILITY ALLOWANCE (SUA) TABLE

| LIVING SITUATION | | BASIS FOR SUA | | INDICATOR(S) ALLOWED FOR CASE | | | Shelter Amount |
|---|------------|--|---------------------------------------|-------------------------------|-------|------------|-------------------------------------|
| SHELTER TYPE | FUEL TYPE | (INDICATORS A , H, X AND Z WILL PROVIDE A FULL SUA) | | HT/AC | UTIL | PHONE | |
| 01 02 03 07 17 20 38 39 40 42 | 1-9 | INCUR HEAT COST | HH w/ primary payment responsibility | X | BLANK | BLANK | Greater than or Equal \$0.00 |
| | | | HH w/o primary payment responsibility | Z | | | |
| 03 | 0 | Heating/AC included in shelter costs, HEAP eligible homeowner w/ primary payment responsibility | | X | BLANK | BLANK | Greater than \$0.00 |
| | | Heating/AC included in shelter costs, (HEAP ineligible) secondary homeowner w/o primary payment responsibility | | Z | | | Greater than \$0.00 |
| 01 05 07 20 39 | 0 | HH Received HEAP benefits of more than \$20 in current month or previous 12 months | HH w/ prime responsibility | X | BLANK | BLANK | Greater than \$0.00 |
| | | | HH w/o prime responsibility | Z | | | |
| | | HH did NOT receive HEAP benefits of more than \$20 in current month or previous 12 months | HH w/ prime responsibility | N | X A N | BLANK | |
| | | | HH w/o prime responsibility | E | | | |
| 01 05 07 20 39 | 0 | HOUSEHOLD REFUSES HEAP | | R | X A N | BLANK | Greater than \$0.00 |
| 01 02 05 07 17 20 38 39 40 42 and 03 IF Shelter Amount = \$0.00 | 0 | RECEIPT OF EMERGENCY HEAP | | H | X A N | BLANK | Equal \$0.00 |
| | | INCUR AIR CONDITIONING COST/or received HEAP benefits of more than \$20 in current month or previous 12 months | | X | BLANK | BLANK | Greater than \$0.00 or Equal \$0.00 |
| | | NO HT/AC COST or HH did NOT receive a HEAP benefit of more than \$20 in current month or previous 12 months (INCURRED UTILITY/PHONE EXPENSE SHOULD ALSO BE INDICATED) | | N | X A N | BLANK | Greater than or Equal \$0.00 |
| | | HH INCURS AN EXCESS CHARGE (INCURRED UTILITY/PHONE EXPENSE SHOULD ALSO BE INDICATED) | | A | | | Equal \$0.00 |
| 01 02 03 07 17 20 38 39 40 and 42 | X | RECEIPT OF EMERGENCY HEAP | | H | X A N | BLANK | Greater than or Equal \$0.00 |
| | | INCUR AIR CONDITIONING COST OR incur a heating cost and client is NOT tenant of record (TA/SNAP) | | X | BLANK | BLANK | |
| | | SHARE HEATING COST W/ ANOTHER HH IN THE SAME DWELLING | | Z | | | |
| | | A THIRD PARTY OUTSIDE THE DWELLING PAYS THE HEATING BILL DIRECTLY TO THE VENDOR, OR THE HOUSEHOLD FAILS TO SHOW A HT/AC COST (INCURRED UTILITY/PHONE EXPENSE SHOULD ALSO BE INDICATED) | | 0 | X A N | BLANK | |
| 11 | BLANK Or 0 | HH w/o Responsibility for heating or air conditioning/ SUA eligible <u>only</u> if HH Received HEAP benefits of more than \$20 in current month or previous 12 months (Not HEAP eligible) | | N | N | X or BLANK | Greater than or Equal \$0.00 |
| | | | | X | BLANK | | |
| 10 12 13 15 16 | 0 | HH Received HEAP benefits of more than \$20 in current month or previous 12 months | | X | BLANK | BLANK | Greater than \$0.00 |
| | | HH did NOT Receive HEAP benefits of more than \$20 in current month or previous 12 months | | N | N | X or BLANK | Greater than or Equal \$0.00 |
| 06 19 21 22 23 33 36 37 | BLANK or 0 | SUA eligible <u>only</u> if HH Received HEAP benefits of more than \$20 in current month or previous 12 months (Not HEAP eligible) | | N | X A N | X or BLANK | Greater than or Equal \$0.00 |
| | | | | X | BLANK | | |
| 94 95 | 0-9 X U | NYSNIP SUA Eligible – <u>Own home</u> . Or private rent <u>and</u> incur separate cost for heating or air conditioning , or received HEAP benefits of more than \$20 in current month or previous 12 months | | X Z H A | BLANK | BLANK | Equal \$0.00 |
| 96 97 | U 0 X | NYSNIP - Public or Subsidized Housing, SUA Eligible <u>only</u> if incur separate cost/charge for heating or air conditioning or received HEAP benefits of more than \$20 in current month or previous 12 months. Or private rent, with no separate costs for heating or air conditioning, SUA eligible <u>only</u> if HH Received HEAP benefits of more than \$20 in current month or previous 12 months. | | X Z E N 0 R | BLANK | BLANK | |
| 98 | U | NYSNIP Opening Not SUA Eligible (02 – Trans Types) | | U N or BLANK | BLANK | BLANK | |

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) STANDARD UTILITY ALLOWANCE (SUA) TABLE

| SNAP ABEL CODES USED IN RELATION TO THE SUA | | | |
|---|--|---|--|
| Shelter Types | | | |
| 01 – Rent Private (Including Trailer Lot or Commercial Room) 02 – Rent Public 03 – Own Home (Including Trailer) 05 – Hotel/Motel Permanent 06 – Hotel/ Motel Temporary (u) 07 – Migrant Labor Camp 10 – Congregate Care Level II – Drug/Alcohol Treatment Facility (Residential Treatment Center) 11 – Non-Commercial Room Only 12 – Non-Level II Alcohol Treatment Facility (u) 13 – State Operated Community Residence (SNAP Only) 15 – Congregate Care Level I – Family Care 16 – Congregate Care Level II – Not Drug/Alcohol Treatment or Apartment-like 17 – Congregate Care Level II – Apartment-like(OMH/OPWDD Supportive/Supervised Apartments) 19 – Tier II Family Shelter (3 Meals/Day) (u) 20 – Rental Supplement (u) | 21 – Shelter for Homeless (3 Meals/Day) (u) 22 – Residential Program for Victims of Domestic Violence (3 Meals/Day) (u) 23 - Undomiciled 33 – Homeless Shelter Tier II (Less Than 3 Meals/Day) (u) 36 – Shelter for Homeless (Less Than 3 Meals/Day) (u) 37 – Residential Program for Victims of Domestic Violence (Less than 3 Meals/Day) (u) 38 – Subsidized Housing (Non-Certificate) 39 - Section 8 Voucher (Up to Agency Max) 40 – Section 8 Voucher (30%Limit) (Districts 13, 28, 33, 37, 39, 47, 48, 51, 55 and 66 Only) 42 - Congregate Care Level III- Adult Home and Enriched Housing 94 - NYSNIP SSI High Shelter, SUA Eligible 95 - NYSNIP SSI Low Shelter, SUA Eligible 96 - NYSNIP SSI High Shelter, SUA Eligible if received HEAP >\$20 in current or previous 12 months 97 - NYSNIP SSI Low Shelter, SUA Eligible if received HEAP >\$20 in current or previous 12 months 98 - NYSNIP SSI Shelter Cost and SUA Unknown | | |
| Fuel Type | | | |
| 1 – Natural Gas 2 – Oil 3 – PSC Electric | 4 – Coal 5 – Wood 6 – Kerosene | 7 – Propane 8 – Municipal Electric 9 – Other Fuel | 0 – Heat Included in Shelter Costs X – No Fuel Allowed U – Unknown (NYSNIP Only) |
| SNAP Expense Indicator Types (HT/AC/UTIL/PHONE) | | | |
| A – Excess Charge X – Standard Allowance 0 – Third Party Pays Heating Cost Directly to Vendor / Undocumented Incurred HT/AC Costs H – Entitled to HT/AC SUA due only to receipt of Emergency HEAP (requires entry of SUA Date of the month & year equal to 12 months from the month Emergency HEAP was issued) N – No Expense R – Refuses HEAP Z – Secondary SNAP household that shares in the heating/cooling expense, or primary SNAP household who is not eligible for regular HEAP in the annual auto-pay because they are not the customer of record and cannot document direct responsibility for the heating/cooling expense. Also NYSNIP with separate heating/AC charge, and TA SNAP households who have a TA fuel type of X and are responsible for the heating/cooling expense, but the bill is in someone else's name who resides outside of the household. E - Exclude from HEAP Auto-Pay – No SUA – Secondary Tenant SNAP household that does not incur separate heating/cooling expense, and is not eligible for regular HEAP in the annual auto-pay because they are not the customer of record and cannot document direct responsibility for a heating/cooling expense. U - Unknown (NYSNIP Only) | | | |