

## 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	

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<b>SNAP ABEL CODES USED IN RELATION TO THE SUA</b>			
<b>Shelter Types</b>			
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		
<b>Fuel Type</b>			
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)
<b>SNAP Expense Indicator Types (HT/AC/UTIL/PHONE)</b>			
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 - <b>Exclude from HEAP Auto-Pay – No SUA</b> – 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)			