

NOTICE OF VERIFICATION

(NJ SNAP-33) (Rev. 2/11)

COUNTY	WORKER	609-261-1000 TELEPHONE NO.
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CASE NO.	CASE NAME	DATE
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DEAR APPLICANT: In order to be approved for the New Jersey Supplemental Nutrition Assistance Program (NJ SNAP) benefits (formerly Food Stamps), you must provide for YOU and PERSONS FOR WHOM YOU ARE APPLYING, verification of the items checked below. IF YOU HAVE ANY QUESTIONS, CALL YOUR WORKER.

- 1. INCOME - Earned & Unearned
 - Most recent paystubs (for the last 30 days)
 - Income verification from employer
 - Self-employment statement
 - bookkeeping record/tax statement
 - Support/alimony payments
 - VA check
 - Social Security /SSI Award letter
 - Pension
 - Workman's Compensation
 - Loans (educational)
 - Work study paystubs
 - School scholarship (BEOG/PELL, SEOG, TAG, etc.)
 - Alien Sponsor
 - Temporary Disability
 - Other _____
- 2. WORK/SCHOOL EXPENSES
 - Child care/day care expense
 - Disabled adult care
 - School expenses (tuition, Books, supplies, mandatory fees, transportation
 - Other
- 3. OTHER
 - Household Composition
 - Child Support Payments
 - _____
- 4. RESOURCES (if applicable)
 - Checking, Savings, Credit Union Statements
 - Stocks & Bonds
 - Christmas clubs
 - Alien Sponsor
 - Insurance policies
 - Burial plots
 - Real Estate (investment)
 - Recreational vehicles (boat, motorcycle, trailer)
- 5. SHELTER EXPENSES
 - Rent/mortgage receipt
 - Telephone bill
 - Installation/connection charges
 - Real estate taxes
 - Gas/Oil bill
 - Water/sewage bill.
 - Residential Insurance
 - Electrical bill
- 6. IDENTITY
 - Driver's license
 - Voter's Registration Card
 - Clinic/medical card
 - Library card
 - Work or School ID
 - Social Security Numbers
 - Passport
 - Other _____
- 7. RESIDENCY
 - Address verification
 - Other _____
- 8. DOCUMENTS
 - Alien registration card
 - Birth verification
 - Other _____
- 9. MEDICAL INFORMATION
 - Medical Statement
 - Medical bills for the months of _____
 - Health Insurance payments
 - Other _____

ADDITIONAL INFORMATION NEEDED:

In order to receive assistance, the information checked above must be provided. We will help you obtain the information. If you cannot provide the information by _____ or if you need help in providing the information, contact _____ at _____. If you do not give the information/verification or contact the agency by the date above, your application may be denied.