

NOTICE OF VERIFICATION

BURLINGTON

(609) 261-1000

(COUNTY)

(WORKER)

(TELEPHONE NO.)

(CASE NO.)

(CASE NAME)

(DATE)

DEAR APPLICANT: In order to be approved for food stamp benefits, 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 Pay stubs
 Income Verification from Employer
 Self-employment Statement
 Bookkeeping Record/Tax Statement
 Support Alimony Payments
 VA Check
 Social Security Check
 Unemployment Check
 Workman's Compensation
 Loans (personal & educational)
 Work study pay stubs
 School Scholarship
 (BEOG/PELL, SEOG, TAG, etc.)
 Other _____
 Alien Sponsor
 General Assistance
 Temporary Disability

2. WORK/SCHOOL EXPENSES

- Child Care/Day Care Expense
 Disabled Adult Care
 School Expenses (tuition,
 Books, Supplies, Mandatory
 Fees, Transportation)
 Other _____

3. WORK REGISTRATION

- ESP / FSET
 Voluntary Quit

4. OTHER

- Household Composition
 Child Support Payment

5. RESOURCES

- Checking, Savings
 Credit Union Statements
 Stocks & Bonds
 Christmas Clubs
 Car Registration
 Insurance Policies
 Burial Plots
 Real Estate
 Other Vehicles (boat)
 (trucks, trailer,
 motorcycles, etc.)
 Alien Sponsor

6. SHELTER EXPENSES

- Rent/Mortgage Receipt
 Telephone Bill
 Installation/Connection Charges
 Real Estate Taxes
 Gas/Oil
 Water/Sewage Bill
 Residential Insurance
 Electric Bill
 Other _____

7. THIRD PARTY CONTACTS

- _____

 Insurance

8. IDENTITY

- Driver's License
 Voter's Registration Card
 Clinic/medical Card
 Library Card
 Work or School ID
 Other _____

9. RESIDENCY

- Residence Form
 Address Verification
 Other _____

10. DOCUMENTS

- Alien Registration Card
 Social Security Cards
 Birth Verification
 Other _____

11. MEDICAL INFORMATION

- Medical Form Completed
 Unpaid Medical Bills Prior to
 Application
 Health Insurance Payments
 Medical Bills for the
 months of _____
 Medical Statement
 Other _____

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 _____

Call us at 1-800-342-0047 if the call is outside your local calling area. If you do not give the information/verification or contact the agency by the date above, your application may be denied.