

OPERATION HOMEPLATE

CHECKLIST FOR NJ SNAP BENEFITS

ALL Required Documents **MUST** be current

PROOF OF IDENTITY

APPLIES FOR EVERYONE IN HOUSEHOLD

One of the following **MUST** be provided:

- ☐ Birth Certificate
- ☐ Driver's License
- ☐ Work or School ID
- ☐ Old Families First EBT Card

MUST provide Social Security Number
for **ALL** household members!!

PROOF OF ADDRESS

UNLESS HOMELESS

- ☐ Rent receipt with
 - landlord's name & phone number
 - your mailing address
 - amount of rent
- ☐ Rental assistance (HUD) agreement
- ☐ Mortgage statement and/or tax bill
- ☐ Lease

INCOME

- ☐ Source of income
- ☐ Amount Earned
- ☐ How often you receive it
- ☐ Pay Stubs from the prior month showing gross wages & deductions

If Self Employed:

- ☐ Proof of Last year's tax records

UNEARNED INCOME

- ☐ Copy of award letter for pension or VA
- ☐ Letter from employer stating amount of private disability
- ☐ Child Support (copy of court order or letter from absent parent)
- ☐ Signed/Dated letter from Provider of any money you receive on a regular basis

EXPENSES

- | | |
|--|--|
| <input type="checkbox"/> Rent receipt | <input type="checkbox"/> Gas/Electric bill |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Water/Sewer bill |
| <input type="checkbox"/> Property Taxes | <input type="checkbox"/> Phone Bill |
| <input type="checkbox"/> Homeowner's Insurance | <input type="checkbox"/> Coal/Wood/Oil bills |
| (if not included in your mortgage) | <input type="checkbox"/> School Expenses (Tuition, Supplies, Mandatory fees, transportation) |

CHILD CARE/SUPPORT

If you pay for child care you need:

- ☐ A signed & dated letter with
 - Name of child care provider w/ Hourly Fee
 - Hour per week childcare provided

If you pay child support you need:

- ☐ The amount you pay and to who
- ☐ Child(ren)'s name(s)
- ☐ Court order number

RESOURCES

UNNEEDED IF RESOURCES DON'T PROVIDE INCOME

- | | |
|---|--|
| <input type="checkbox"/> Bank account (savings/checking) | <input type="checkbox"/> Savings bond |
| <input type="checkbox"/> Recreational vehicles (boats, motor homes, etc.) | <input type="checkbox"/> Trust Fund |
| | <input type="checkbox"/> Money in a credit union |
| | <input type="checkbox"/> Christmas Club |
| | <input type="checkbox"/> Balance from Venmo, CashApp, etc. |

ADDITIONAL INFO

MEDICAL BILLS ARE REQUIRED for those over 60 or those with disabilities.

- If you are not able to work, for medical reasons, you **MUST** provide a doctor's note.
- If you are not a U.S. Citizen, you **MUST** provide a current I-94 or current I-551 (green card)

Please ensure that you provide a valid **EMAIL** address.

SCAN ME!



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Sponsored by the Ocean County Board of Commissioners

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