

## SNAP Documentation Checklist

### Acceptable Documentation (this list is not exhaustive)

			<u>Adults</u>	<u>Children</u>
<input type="checkbox"/> <b>Identity and Date of Birth</b>	<input type="checkbox"/> Driver's license <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Naturalization Certificate	<input type="checkbox"/> Foreign Passport <input type="checkbox"/> Other photo ID <input type="checkbox"/> EBT Card <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Citizenship and Alien Status</b>	<input type="checkbox"/> U.S. Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Naturalization Certificate <input type="checkbox"/> Foreign Passport	<input type="checkbox"/> USCIS documentation <input type="checkbox"/> Military service records <input type="checkbox"/> Municipal photo ID <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Income</b> (Applicants 18+ and over)	<input type="checkbox"/> Current pay stubs (4 most recent, consecutive weeks) <input type="checkbox"/> Letter from Employer <input type="checkbox"/> Support Letter	<input type="checkbox"/> Tax records <input type="checkbox"/> Income tax returns (if self-employed only) <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Proof of Residency</b>	<input type="checkbox"/> Current rent receipt/Lease <input type="checkbox"/> Utility bill <input type="checkbox"/> Letter from landlord <input type="checkbox"/> Letter from doctor/clinic (within 60 days of last visit)	<input type="checkbox"/> Postmarked mail (dated last 30 days; NO P.O. Box) <input type="checkbox"/> School records <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Shelter Expenses</b>	<input type="checkbox"/> <b>Form W147Q</b> (signed by primary tenant with <b>proof of legal tenancy</b> ) <i>If staying with someone or renting room:</i>	<input type="checkbox"/> Current rent receipt/Lease <input type="checkbox"/> Letter from landlord <input type="checkbox"/> Mortgage records <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Dependent Care Costs</b>	<input type="checkbox"/> Letter from day care or child care center <input type="checkbox"/> Receipts	<input type="checkbox"/> Proof of legally obligated child support paid out <input type="checkbox"/> Other:		
<input type="checkbox"/> <b>Medical expenses</b> (Elderly and disabled)	<input type="checkbox"/> Copies of medical bills <input type="checkbox"/> Bill for insurance premiums	<input type="checkbox"/> Other:		

Date: \_\_\_\_\_

SNAP Officer: \_\_\_\_\_

☐ **Social  
Security**

*All Household Members must present this information in order to  
submit their application.*