#### NEW JERSEY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (NJ SNAP) INTERIM REPORTING FORM FOR MONTH OF SEPTEMBER 2021

#### RETURN TO: NJ Division of Family Development Office of NJ SNAP - IRF Unit PO BOX 718 TRENTON, NJ 08625 or FAX: (609) 341-2250

#### DATE: DATE MAILED CLIENT NAME: YOUR NAME NUMBER: YOUR CASE NUMBER

\*\*MUST BE RETURNED BY OCTOBER 15<sup>th</sup> 2021 OR YOUR CASE WILL CLOSE DECEMBER 1<sup>st</sup> 2021\*\*

# **INSTRUCTIONS**

You must submit a new interim reporting form. We need this information to make sure that you are receiving the right amount of SNAP benefits.

For the questions below you must provide current information for all the people in your household. You can use a separate sheet of paper to explain any of your answers or give additional information. Please send copies on full size paper, and do not use staples or tape when sending in your form.

You must complete, sign and return this form to the above address, or to your local Board of Social Services, by the date shown on this page. Do not send in a form from a past reporting period. If you need help to complete this form, call the DFD SNAP Unit at (800) 792-9773.

Able-bodied adults without dependents (ABAWDS) must report when their weekly work hours fall below the 20-hour weekly average as well as when their gross income exceeds 185% of the federal poverty level (FPL).

### NOTICE

- · If this form is late or incomplete, you may not receive your NJ SNAP timely.
- If you do not return this form, action will be taken to close your case.

Your current monthly NJ SNAP BENEFITS are **\$234.00** based on the number of people in your household and the household's countable income.

SINCE YOUR MOST RECENT SNAP APPLICATION (Select Yes or No with an 'X' with black or blue ink):	YES	NO	Additional Instructions
	—	_	
1. Has your Household moved?			If Yes, complete section 1
2. Has your Household's monthly rent/mortgage cost changed?			If Yes, complete section 2
3. Did anyone move into, or leave, your household?			If Yes, complete section 3
4. Have you, or anyone in your household, started a new job, lost a job, or started to receive income from a new source?			If Yes, complete section 4
5. Has your Household's monthly <b>EARNED</b> income (before taxes) changed by more than \$100?			If Yes, complete section 4.1
6. Has your Household's monthly <b>UNEARNED</b> income changed by more than \$100?			If Yes, complete section 4.2
7. Is any household member paying new child support for a child not living in the home or did existing payments change more than \$50?			If Yes, complete section 5
8. Has anyone in your household won \$3,500 or more in lottery or gambling winnings?			

If you have answered **NO** to all of these questions you may skip to the **Last Page** and **sign** the Certification section.

# You only need to complete this page if you answered YES to any of the questions on Page 1.

Section 1: Residend List new address and		í.					
Street		Apt No.	City	State		Zip	
Question Q. Shaltor F							
Section 2: Shelter E Please enclose a cop		nt rent, mortgage	, and/or utility bil	ll(s).			
Rent or mortgage \$			Tax and	d insurance \$			
Section 3: Househo Section 3.1:	old Members						
HOUSEHOLD MEM	BERS						
Please list members	no longer in the hou	isehold.					
					5		
Section 3.2: List Ne	w Household Memb	ers					
NAME RELATIONSHIP							
Section 4: Income Section 4.1: List be more or less money)			ange(s) (e.g. los	st or quit job, wo	rk more or less	hours, earn	
NAME	HRS/WK	NEW HOURS	EARNINGS	NEW AMT	REASON		
List any new addition	ns:						
Section 4.2: List changes/additions below and provide verification							
NAME SC	DURCE		AMOUNT	ENTER AM	OUNT		
List any new addition	ns:						

Section 5: Child Support Payments List any new or changed child support paym	ent(s).	
NAME OF HOUSEHOLD MEMBER	AMOUNT	NAME OF CHILD (NOT IN HOME)
	\$	
	\$	

# **CERTIFICATION:**

- I CERTIFY THAT THE INFORMATION GIVEN IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO REPORT ANY CHANGES IN CIRCUMSTANCES ON THIS FORM, WHICH MAY AFFECT MY ELIGIBILITY OR THE AMOUNT OF MY NJ SNAP BENEFITS.
- I UNDERSTAND THAT WILLFUL FAILURE TO GIVE ACCURATE INFORMATION OR REPORT CHANGES MAY RESULT IN A FINE, OR IMPRISONMENT, OR BOTH. SEE INSTRUCTION PAGE FOR PENALTIES.
- I UNDERSTAND THAT AS A RESULT OF CHANGES IN INCOME, CIRCUMSTANCES OR OTHER FACTORS WHICH MAY AFFECT MY ELIGIBILITY, AS REPORTED ON THIS FORM
  - 1) THAT MY NJ SNAP BENEFITS MAY BE DECREASED; OR
  - 2) THAT MY NJ SNAP BENEFITS MAY BE STOPPED.

SIGNATURE (REQUIRED)

DATE

DAYTIME TELEPHONE NUMBER

# PENALTIES

The foregoing violations can result in the individual being barred from participation or further participation in the SNAP as follows:

- First violation 12\* months
- Second violation 24\* months
- Third violation permanent disqualification

\*An additional 18 months suspension (consecutive to this period) may be imposed by the court for any person convicted of felony or misdemeanor violation.

The violator may be fined up to \$250,000, imprisoned up to 20 years, or both, and subject to prosecution under other applicable federal laws.

In addition, the remaining household members will be required to repay any SNAP benefits the household received to which it was not entitled.