

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?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete section 1
2. Has your Household's monthly rent/mortgage cost changed?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete section 2
3. Did anyone move into, or leave, your household?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete section 4
5. Has your Household's monthly <b>EARNED</b> income (before taxes) changed by more than \$100?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete section 4.1
6. Has your Household's monthly <b>UNEARNED</b> income changed by more than \$100?	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete section 5
8. Has anyone in your household won \$3,500 or more in lottery or gambling winnings?	<input type="checkbox"/>	<input type="checkbox"/>	

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: Residence**

List new address and provide verification.

Street	Apt No.	City	State	Zip
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**Section 2: Shelter Expenses**

Please enclose a copy of your most recent rent, mortgage, and/or utility bill(s).

Rent or mortgage \$ \_\_\_\_\_ Tax and insurance \$ \_\_\_\_\_

**Section 3: Household Members**

**Section 3.1:**

**HOUSEHOLD MEMBERS**

Please list members no longer in the household.

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**Section 3.2: List New Household Members**

NAME	RELATIONSHIP
_____	_____
_____	_____

**Section 4: Income**

**Section 4.1:** List below and identify the reason for any change(s) (e.g. lost or quit job, work more or less hours, earn more or less money). Please provide verification.

NAME	HRS/WK	NEW HOURS	EARNINGS	NEW AMT	REASON
List any new additions:					
_____					

**Section 4.2: List changes/additions below and provide verification**

NAME	SOURCE	AMOUNT	ENTER AMOUNT
List any new additions:			
_____			

