*🡪 INSERT DISTRICT LETTERHEAD 🡨*

Letter to Notify Household of Incomplete Applications

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Dear Parent or Guardian: Date:

Your application for free and reduced price meals or free milk cannot be approved because the application submitted is incomplete. The missing or incorrect information is indicated below:

[ ]  NJ SNAP (Food Stamp) Number OR TANF Case Number (Step 2)

[ ]  Child income frequency not indicated (Step 3)

[ ]  Reported annual income is not acceptable. Indicate income using acceptable frequencies (Step 3)

[ ]  Frequency of income received by each household member (Step 3)

[ ]  Gross income (net income is not acceptable) (Step 3)

[ ]  Last four digits of Social Security Number for adult signing the application or if the adult does not have a Social Security Number, check the appropriate box (Step 3)

[ ]  Adult Signature (Step 4)

[ ]  Other:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information must be provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Failure to provide this Information

*(date)*

will result in the application being denied. If you have any questions you may call

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(person) (telephone number)*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Determining Official)*

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