

→ INSERT DISTRICT LETTERHEAD ←
Letter to Notify Household of Incomplete Applications

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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