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 15th 2021 OR YOUR CASE WILL CLOSE DECEMBER 1st 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):

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Additional Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>If Yes, complete section 1</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>If Yes, complete section 2</td>
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<td>If Yes, complete section 3</td>
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<td>If Yes, complete section 4</td>
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<td>If Yes, complete section 4.1</td>
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<td>If Yes, complete section 4.2</td>
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<td>If Yes, complete section 5</td>
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</table>

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.

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt No.</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**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.

**Section 3.2:** List New Household Members

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>HRS/WK</th>
<th>NEW HOURS</th>
<th>EARNINGS</th>
<th>NEW AMT</th>
<th>REASON</th>
</tr>
</thead>
</table>

List any new additions:

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>ENTER AMOUNT</th>
</tr>
</thead>
</table>

List any new additions:
Section 5: Child Support Payments
List any new or changed child support payment(s).

<table>
<thead>
<tr>
<th>NAME OF HOUSEHOLD MEMBER</th>
<th>AMOUNT</th>
<th>NAME OF CHILD (NOT IN HOME)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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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.