

**TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK GUIDE**

TA	SNAP	ELIGIBILITY FACTOR	PRIMARY	SECONDARY	TA	SNAP	ELIGIBILITY FACTOR	PRIMARY
M	M	Identity	Photo I.D. Driver's License US Passport Naturalization Certificate Hospital/Doctor's Records Adoption Papers <b>For SNAP</b> – Identity is only mandatory for the person making the application.	Statement from Another Person Social Security Number Birth/Baptismal Certificate SOLQ <b>For SNAP</b> - In the case of an authorized representative, both the auth rep and applicant must verify Identity.	M	N	Absent Parent Information	Pay Stubs Tax Returns Social Security or VA Records Unemployment (UIB) Book ID Cards (Health Insurance) Driver's License or Registration
M	N	Marital Status	Marriage/Death Certificates Separation Agreement Divorce Decree Social Security Records VA Records	Statement from Clergy Census Records Newspaper Notice Statement from Another Person	M	M*	Social Security Number	Social Security Card Official Correspondence from SSA <b>For TA and SNAP</b> , provided or apply for # at certification; must verify at first recertification unless validated by WMS SOLQ
M	M*	Residence	Statement from Landlord Current Rent Receipt or Lease Mortgage Records <b>For SNAP</b> - Residence is verified at a household level	Statement from Another Person Current Mail School Records Fuel/Utility bill	M M	Q M	Citizenship Alien Status	Birth/Baptismal Certificate Hospital Records US Passport Military Service Records Naturalization Certificate USCIS Documentation Evidence of Continuous US Residence since Prior to 1/1/72 <b>For TA and SNAP</b> , alien status is verified on an individual basis <b>For SNAP Only</b> , citizenship is verified only if questionable
M	Q*	Household Composition/Size	Statement from Non-relative Landlord <b>For SNAP</b> – household size must be verified. This can be done through collateral contacts or readily available documents which can be used to establish identity.	Statement from Other Persons	M	M*	Earned Income	Current Wage Stubs and Statement of Tips Pay Envelopes Contact with Employer Business Records Records and Related Materials Concerning Self-Employment Earnings and Expenses Current Income Tax Return Statement from Roomer, Boarder, Tenant Income Tax Records
M	M*	Age	Birth Certificate Baptismal Certificate Hospital Records Adoption Records Naturalization Certificate Driver's License <b>For SNAP Only</b> , DOB can be Verified at Recertification	Insurance Policy Census Records School Records Statement from Another Person Physician Statement Official Correspondence from SSA			Unearned Income	Statement from Family Court Statement from Person Paying Statement from School Statement from Bank or Credit Union Statement from Broker/Agent Support Check stubs Current Award Certificate Current Benefit Check Official Correspondence with NYS Dept. of Labor Official Correspondence from SSA Official Correspondence from VA Official Correspondence from source of income Award Letter
M	N	Absent Parent	Death Certificate Survivor's Benefits Hospital Records VA or Military Records Divorce Papers Proof of Remarriage	Newspaper Notice Insurance Company Records Institutional Records Agency Case Records and Burial Payment Lines Statement from a Non-Relative				

**LEGEND:**  
**M** = Mandatory Documentation/Verification required for Certification  
**O** = Optional Documentation/Verification (may be necessary for TA and/or SNAP eligibility or benefit amount.)  
**\*** = Verification can be pending under SNAP Expedited Processing

**N** = No Documentation/Verification required  
**Q** = Verification is Only Necessary if Questionable

**TA/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) DOCUMENTATION/VERIFICATION DESK AID**

		<b>EXPENSES</b>			
<b>THAT MAY AFFECT ELIGIBILITY OR BENEFIT AMOUNT</b>					
<b>TA</b>	<b>SNAP</b>	<b>ELIGIBILITY FACTOR</b>	<b>SNAP</b>	<b>ELIGIBILITY FACTOR</b>	<b>PRIMARY</b>
		Statement from household Statement from nursing home Current bank records Current credit union records Stock certificate Bonds Statement from financial institution Insurance policy Statement from insurance company Burial agreement Burial plot deed Statement from funeral director Refund or EITC check Statement from tax office Deed Statement from real estate broker Appraisal/estimate of current value by broker Title of ownership Registration (older models) Appraisal of current value by dealer Financing data Statement from source of payment			
<b>M</b>	<b>M*</b>	<b>Resources</b>	<b>O</b>	<b>O*</b>	<b>Shelter Expenses</b> Current rent receipt Current lease Mortgage book/records Property and school tax records Landlord statement Sewer and water bills Homeowner's insurance records Fuel bills Non-heating utility bills Telephone bills
<b>M</b>	<b>O*</b>	<b>Health Insurance</b>	<b>O</b>	<b>O*</b>	<b>Medical Bills</b> Copies of medical bills (paid and unpaid) Provider Statement of Health Insurance premiums Medicare Prescription Drug Card <b>For SNAP</b> , for A/D individuals only
<b>M</b>	<b>O*</b>	<b>Disabled/ Incapacitated/ Pregnant</b>	<b>O</b>	<b>O*</b>	<b>Unpaid Bills</b> Rent, Utility Court order Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts
<b>M</b>	<b>M*</b>	<b>Able-Bodied Adult Without Dependents (ABAWD) Eligibility</b>	<b>O</b>	<b>O*</b>	<b>Other Expenses Dependent Care Cost</b> Copy of each bill showing amount owed, period of services and provider Statement from day care center or other child care provider Statement from aide or attendant Cancelled checks or receipts
<b>M</b>	<b>O*</b>	<b>Referral</b>			
<b>O</b>	<b>O*</b>	<b>School Attendance</b>			

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