

# Verification and Documentation

## 200 VERIFICATION

Verification is the actual proof of certain eligibility or case management factors, such as income and resources needed to approve initial or continue ongoing benefits. When verification is not available to the case manager through an electronic source or collateral contact, households are responsible for furnishing verification or information from which verification may be obtained to establish and maintain eligibility.

The case manager shall secure verification, prior to approval of benefits, of all required factors of eligibility and those factors which the case manager determines are questionable and affect the household's eligibility and benefit level. Case managers must **not** request verification which already exists in the case record such as citizenship, SSN, identification, trust documentation, etc.

Receipt of required verifications, with the exception of identity, is not required for expedited processing.

If postponed verifications are required, ongoing SNAP benefits cannot be released until the requested verification is received.

## 205 DOCUMENTATION

Documentation tells a story to support the decision made by the case manager. Documentation must be clear, concise and to the point. There must be enough information so anyone reviewing the case can determine the reason, logic and accuracy of the case manager's decisions and actions.

Examples of actions required to be documented (not all inclusive):

- Approval of benefits
- Denial of benefits including the denial reason
- Any updates to the case which result in an increase or decrease of benefits.
- Termination of benefits including the reason the case is being terminated
- TANF CSEP non-cooperation and TANF non-cooperation with PRP (3 month sanction sit-out)
- Changes reported by the client or any other source
- Change in an alternate payee or authorized representative
- Updates of address, telephone number, etc.
- Change in household composition

- Conferences and hearings
- Significant client contacts (concerns or complaints from the client)
- Date of birth/Date of death
- Any exception to normal case processing activities.

## **210 TYPES OF VERIFICATION**

### **210.1 Primary Source**

This type of verification occurs when the case manager obtains information through an electronic source or receives a hard copy of the document(s) from the household, including information provided by an employer, landlord or other source.

#### **210.1.1 Verification Received Through Inquiry Systems/Interfaces**

The case manager must **not** request from the household any verification available to the agency through an electronic source including inquiry systems or interfaces. This includes verification from the following sources (not all inclusive):

- The Work Number
- ESD/ANSRS
- SSAR
- BENDEX
- SDX
- Nevada Vital Statistics
- Child Support Interface in SAM
- WebIZ (Immunizations)
- NOMADS

**Note:** Previous quarterly wages may not be used to determine income for SNAP eligibility as it does not provide a 30 day wage history.

#### **210.1.2 Verification Obtained Directly from the Household**

If the required verification is not available through an electronic source or a collateral contact, the household is responsible for providing verification or evidence needed to prove their circumstances. This includes, but is not limited to, pay check stubs, rent receipts, utility bills, bank statements, birth certificates, Social Security cards, alien registration cards and driver's licenses. This also includes DWSS forms (e. g., 2074, 2488, etc.) used to verify any eligibility factor.

If the case manager is unable to obtain the verification to process eligibility, the information must be requested from the household. The case manager must complete and provide the household Form 2429, Request for Information giving the household at least 10 calendar days to provide the needed verification. A period of less than 10 days can be given if agreed to by the household in writing.

When a household or individual is attempting, but is unable to provide the information by the date specified in writing, extend the due date to allow time for the additional information. Document the case record with the extended due date and reason.

### **210.2 Secondary Source – Collateral Contacts**

These contacts are made by telephone to landlords, employers, utility companies, Social Security Administration, drug treatment facilities, etc., to verify information necessary to make an eligibility determination. Try to make these types of telephone calls when the household is present, if possible, although it is not necessary for them to be present.

The case manager must document the results of the collateral contact in the case record. The entry must include (not all inclusive) who was contacted (including the person's title and company name, if applicable), the telephone number of that person, the date the contact was made, and all the information the case manager obtained and used to make an eligibility decision.

The case manager cannot require the household or authorized representative to submit additional verification when they have provided adequate sources of verification, UNLESS the verification provided is inaccurate, incomplete or inconsistent.

### **210.3 Visually Viewed**

Any document that cannot be copied or is viewed outside the office environment must be recorded. Documentation requirements must include all pertinent information including:

- » Name(s)
- » Document type(s)
- » Date(s)
- » Document/Certificate and/or registration number (if applicable)
- » Dollar amount(s) (if applicable)
- » Date the information was viewed
- » The case manager's signature and title

### **210.4 Other Verification — Client Statement/Self Declaration**

Unless allowed by current policy, this type of verification may be used when all attempts at primary or collateral contacts have been exhausted or there is undue hardship to the household if they are required to pursue obtaining certain verifications. Acceptance of this type of verification must be fully justified. Document the reason why you are accepting a client statement.

A client statement may be used as proof of income when the individual does odd jobs from various sources and cannot obtain verification, or if the third party who is required to complete a form or statement on behalf of the household refuses to do so (this is known as third party non-coop).

Do not use client statement for citizenship, identity, qualified non-citizen status, dependent care, child support or medical expenses, disability, proof of pregnancy and expected date of delivery, age if under 19 (for TANF), SSN (when there is a discrepancy), felony drug treatment programs or any information which is questionable.

The case manager may need to combine verification with other corroborating verification or documentation, such as signed application or a positive or negative allegation of income, resources, household composition, combined with other secondary verification(s).

## **215 EVALUATING VERIFICATION**

As the case manager obtains verification, they must evaluate the evidence to ensure it:

1. Meets the verification requirements for the program element.
2. Does not conflict with other evidence, or that the conflicts are resolved and documented.
3. Proves (either by itself or in combination with other evidence) the facts being verified.
4. Pertains to the case member(s) or other individual(s) to whom it is supposed to apply.
5. Establishes the program element for the appropriate benefit and corresponding budget month.

## **220 QUESTIONABLE INFORMATION**

Questionable information is defined as unclear or inconsistent information on the application, or contradictions with the previous application, redetermination, recertification or statements made by the household, authorized representative, or with other information received by the agency.

Consider the household's statements on the application or during the interview **questionable** if they:

- are contradictory

**Example:** Household states they have had no income for several months, but the application shows \$150 cash on hand.

- do not agree with information in the existing case record.

**Example:** Household states they have no resources. An earlier application was denied because bank accounts and property were over the resource limits.

- do not agree with other information the case manager has.

**Example:** Household states no one in the household has worked yet the worker has an ESD interface or The Work Number verification showing an employment history.

- do not adequately explain the household's circumstances.

**Example:** Household states they have not paid rent or utilities for several months, but they have not been evicted or had utilities cut off; or, they have a car payment of \$350 per month which has not been paid for months and the car has not been repossessed.

When questionable information from another source contradicts statements made by the household, the case manager must document why the information is questionable. The household must be provided an opportunity to clarify the matter.

Allow the household an opportunity to resolve any discrepancy by providing proof or designating a suitable collateral source.

## **225 VERIFICATION AND DOCUMENTATION AT INITIAL APPLICATION/ RECERTIFICATION/REDETERMINATION/REPORTED CHANGES**

It is important to substantiate positive or negative allegations (e. g., income, resources, household size, living arrangement, separate food unit, relationship, residency, citizenship, etc.) claimed by the household through primary, secondary or other means of verification or a combination of verification methods.

Cases selected for a federal Quality Control (QC) review must undergo reviewer verification of all basic elements of eligibility and anything which is unverified or discrepant. QC home visits and collaterals can also be used as a source of verification.

Verification of exempt resources and income must not be requested by the case manager.

Use the following list to determine what type of verification/documentation is required for each eligibility factor.

- » Verify: Obtain actual proof of the situation such as collateral contact or hard copy documentation including paystubs, birth certificates, etc.
- » Document: Note in the case records the status or details.
- » Interface: The information is available through the computer interface.
- » Discrepancy: Verify **only** if there is a discrepancy.
- » Countable: Income and/or resources used to determine eligibility.
- » Questionable: Verify the information **only** when it is questionable.
- » Client Statement - Client Statement is acceptable verification.

**225.1 Initial Application/Adding New Household Members**

| <b>Eligibility Factor</b>   | <b>SNAP</b>         | <b>TANF</b>  |
|---|---------------------|--|
| Nevada Residency  | Client Statement    | Client Statement   |
| Identity of head of household and authorized representative (if any). Although a picture ID is preferred it is not required.      | Verify              | Verify   |
| Duplicate assistance and out of state benefits (includes commodities and SSI cash out benefits)                                   | Verify              | Verify   |
| Household Composition   | Questionable        | Verify single parent households.<br><br>Verify two parent (including a step parent) households only when supportive information indicates Household Composition is questionable. |
| Separate Food Units   | Questionable        | N/A  |
| Living Arrangements (TANF Minors)   | N/A                 | Verify   |
| Relationship  | Questionable        | Verify   |
| Citizenship   | Questionable        | Verify   |
| Qualified Non-Citizen Status  | Verify              | Verify   |
| Social Security Number  | Verify              | Verify   |
| Age   | Questionable        | Verify   |
| Disqualifications/Sanctions (includes non-cooperation with PRP and/or CSEP, ineligible students, SNAPET and voluntary quit, etc.) | Document            | Document   |
| Felony Drug Conviction – Completion of SAPTA/Agency Approved Program  | Verify              | Verify   |
| TANF time limits  | N/A                 | Verify and Document (TANF NEON and TANF Loan)  |
| ABAWD time limits   | Verify and Document | N/A  |
| Earned and Unearned Income  | Verify              | Verify   |
| Self Employment (income & expenses)   | Verify              | Verify   |
| Income Disregard Status   | N/A                 | Document   |

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VERIFICATION AND DOCUMENTATION  
VERIFICATION AND DOCUMENTATION AT INITIAL  
APPLICATION/ RECERTIFICATION/REDETERMINATION  
/REPORTED CHANGES**

|   |   |  |
|---|---|--|
| Income Interfaces (ESD, Social Security, The Work Number, etc.)     | Interface                               | Interface  |
| Stepparent Status   | N/A                                     | Document if Questionable                         |
| Disability/Incapacity   | Verify                                  | Verify only for TANF NEON                        |
| Incurred Expenses (dependent care, medical expenses, child support) | Verify                                  | Verify   |
| Standard Utility Allowance  | Client Statement/Verify if Questionable | N/A  |
| Shelter Costs (rent, mortgage, taxes, insurance, etc.)              | Client Statement/Verify if Questionable | Verify Rent Subsidy                              |
| Resources   | Verify if Countable                     | Verify if Countable                              |
| Cooperation with Child Support                                      | N/A                                     | Document only TANF NEON & TANF Child             |
| Pregnancy and Estimated Due Date                                    | N/A                                     | Verify only if unborn is the only eligible child |
| Pursuit of Available Benefits                                       | N/A                                     | Verify   |
| School Attendance for Children Age 7 through 11                     | N/A                                     | Verify at PRP                                    |
| School Attendance for Minor Parents                                 | N/A                                     | Verify   |

| <b>Required Forms</b>  | <b>SNAP</b> | <b>TANF</b>                     |
|--|-------------|---------------------------------|
| 2905 Application for Assistance                                    | X           | X                               |
| 2321-EGB EBT Card Issuance Authorization                           | X           | X                               |
| 2043 Agreement of Cooperation                                      |             | X                               |
| 2179 Interface Consent   |             | X (NNRC/<br>Kinship only)       |
| 2136 Temporary Assistance For Needy Families Case Benefit Programs |             | X                               |
| 2621 TANF Kinship Care   |             | X (Kinship only)                |
| 2678 Domestic Violence Awareness                                   |             | X                               |
| 2906 Support Enforcement Information                               |             | X (only TANF NEON & TANF CHILD) |

**225.2 Reported Changes/Recertification/Redetermination**

| <b>Eligibility Factor</b>                          | <b>SNAP</b>      | <b>TANF</b>                        |
|--|------------------|------------------------------------|
| Nevada Residency                                   | Client Statement | Client Statement                   |
| Household Composition                              | Questionable     | Verify – Unless 2 Parent Household |
| Separate Food Unit                                 | Questionable     | N/A                                |
| Living Arrangements (TANF Minor Parents)           | N/A              | Verify                             |
| Relationship                                       | Questionable     | Verify                             |
| Qualified Non-Citizen Status – (5 year bar served) | Verify           | Verify                             |
| Social Security Number                             | Discrepancy      | Discrepancy                        |
| Critical Age Change                                | Document         | Verify                             |

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|   |   |   |
|---|---|---|
| New Disqualifications/Sanctions (includes non-cooperation with PRP and/or CSEP, ineligible students, SNAPET and voluntary quit, etc.) | Document                                | Document                                      |
| Felony Drug Conviction – Completion of SAPTA/Agency Approved Program  | Verify                                  | Verify  |
| TANF time limits  | N/A                                     | Verify and Document (TANF NEON and TANF Loan) |
| ABAWD Time Limits   | Verify and Document                     | N/A   |
| Earned and Unearned Income  | Verify                                  | Verify  |
| Self Employment (income & expenses)   | Verify                                  | Verify  |
| Income Disregard Status   | N/A                                     | Document                                      |
| Income Interfaces (ESD, Social Security, The Work Number, etc.)   | Interface                               | Interface                                     |
| Stepparent Status   | N/A                                     | Document if Questionable                      |
| Disability/Incapacity   | Verify                                  | Verify Only for TANF NEON                     |
| Incurred Expenses (dependent care, medical expenses, child support)   | Verify                                  | Verify  |
| Standard Utility Allowance  | Client Statement/Verify if Questionable | N/A   |
| Shelter Costs (rent, mortgage, taxes, insurance, etc.)  | Client Statement/Verify if Questionable | Verify Rent Subsidy                           |
| Resources   | Verify if Countable                     | Client Statement                              |
| Cooperation with Support Enforcement  | N/A                                     | Document only TANF NEON & Child-Only          |
| Pregnancy and Estimated Due Date  | N/A                                     | Verify  |
| Pursuit of Available Benefits   | N/A                                     | Verify  |
| School Attendance for Children Age 7 through 11 and Minor Parents   | N/A                                     | Verify at PRP                                 |
| School Attendance for Minor Parents   | N/A                                     | Verify  |
| PRP Updates   | N/A                                     | Document TANF NEON and TANF Child             |

| Required Forms   | SNAP | TANF  |
|--|------|---|
| 2905 Application for Assistance  | X    | X   |
| 2179 Interface consent   |      | X (NNRC/ Kinship only) if new adult household members reported        |
| 2906 Support Enforcement Information – Required for changes or new household members |      | X (only TANF NEON & TANF CHILD) for new children reported in the home |
| 2678 Domestic Violence Awareness   |      | X   |



## 240 VERIFICATION SOURCES

Several sources of verification are listed below. This list is **not all-inclusive**. You must accept other reliable sources if they provide sufficient proof.

### AGE

- Birth certificate/records
- Hospital or public health birth records
- Church or baptismal birth record
- Bureau of Vital Statistics documents
- Local, state, federal or military record
- Adoption papers or records
- Divorce and/or court custody decrees
- BIA or Tribal records
- U.S. passport
- School or day care records
- Immigration and Naturalization Service records
- Child support paternity records
- Social Security Administration records

### Alternate Sources

- Court or child welfare records
- Insurance policies
- Family Bible records
- Records of voluntary social service agencies
- Court child support order
- Written statement from doctor or clergy who knows date of birth
- Juvenile court records
- Census records
- Written statement from non-relative who knows date of birth

### NON-CITIZEN STATUS

- Form I-94, I-151, I-551 or other valid United States Citizenship and Immigration Service (USCIS) records
- Court order staying deportation
- Contact with INS
- Systematic Alien Verification for Entitlements program – Verification Information System (SAVE—VIS))
- SSA 40-Quarter Social Security Number Inquiry
- Refugee Data Center (RDC) 10/98 report listing all Highland Laotian refugees in the U.S. as of 1/79 through 9/98 (the report is located in E&P in Central Office)
- Individuals who claim to be **undocumented/ineligible** non-citizens do not need to provide verification of this status, client statement is accepted.

**CITIZENSHIP**

Refer to Manual Section A-400 for acceptable forms to document and verify citizenship.

- Birth certificate
- Naturalization papers
- Hospital record of birth
- Baptismal record with date and place of birth
- U.S. passport
- Military service papers
- Indian census papers
- Parent's name and place of birth on child's birth certificate
- Voter registration card
- Local, state and federal records showing birthplace
- Regional attorney

**Alternate Sources**

- Family Bible records
- Affidavit from U.S. citizen

**DEATH**

- Copy of death certificate
- Bureau of Vital Statistics record
- Doctor's statement
- Social Security claim number or evidence of receipt of widow's or survivor's benefits from deceased person's Social Security Number
- VA or military service records
- IHS, BIA or Tribal records
- Statement from funeral director
- Records from hospital or other institution where the person died
- Insurance company records
- Information obtained by Investigations and Recovery and/or Child Support Enforcement

**Alternate Sources**

- Newspaper death notice listing survivors
- State or local public assistance records (including burial payment records)
- Lodge, club or other organization records
- Police records
- Statement from clergy
- "In Memoriam" card

**DOMICILE/HOUSEHOLD COMPOSITION**

- Current school record showing same address as specified relative
- Visual observation of child

- Statement from non-relative landlord or neighbor/Form 2488
- Statement from non-relative child care provider
- Hospital, clinic, Health Department or private doctor's records
- Statement from clergy
- Child support court order
- Juvenile court records
- Child welfare records

**IDENTITY** – Refer to manual section A-400 for acceptable forms of identification. This must be received in conjunction with citizenship verification.

- Valid driver's license or DMV ID card
- Birth certificate
- Baptism records
- Hospital or birth records
- Adoption papers or records
- Work or school ID card
- Voter registration card
- Wage stubs
- U.S. passport
- Child welfare records
- SSAR with verified SSN
- State identity card
- Military service ID
- Citizen ID card
- Benefits letter from SSA
- Child Welfare records
- Collateral contact with another agency/entity who has knowledge of the person's identity
- Any other document providing identifying data

Alternate:

- Client's statement with SSN verified by SSA Numident interface in the system.

**Note:** Individuals who claim to be undocumented/ineligible non-citizens must provide verification of identification only if they are the head of household. This verification can include a birth confirmation/certificate or other identification from another country.

**RELATIONSHIP**

- Birth certificate
- Adoption papers or records
- Hospital or public health records of birth and parentage
- Bureau of Vital Statistics documents
- Church or baptismal birth record
- Local, state, federal government or military record
- School or day care records
- Immigration and Naturalization Service records
- Child support paternity records
- Juvenile court records
- BIA or Tribal records
- Marriage license/tribal marriage certificates
- Divorce/Custody papers
- Court records of parentage

**Alternate Sources**

- Church records of parentage and relationship (including statement from clergy)
- Family Bible records
- Court or child welfare records until adjudicated
- Insurance policies
- Records of voluntary social service agencies
- Statement from clergy, doctor or school official who can verify relationship.
- Statement from non-relative who has known the child since birth

**RESIDENCY**

- Client's statement is acceptable as proof of residency.
  - Rent receipt or statement from non-relative landlord
  - Mortgage receipt or statement from mortgage company
  - Utility bills or utility company records
  - Official records confirming ownership of property
  - Valid Nevada driver's license or Department of Motor Vehicles (DMV) ID card with current address
  - Employment records or statement from employer
  - DMV record
  - School records
  - Voter registration card
  - Statement from child care provider
  - Home visit
  - Form 2008 – Affidavit of Separate Household
- Note:** If the utility bill is not provided, do not deny the household, this is third party non-cooperation.

**DRUG FELON-SAPTA/AGENCY APPROVED PROGRAMS**

- Completion Certificate from Approved Program
- Letter from Approved Program on Program/Facility Letterhead
- Prison/Jail Records
- Parole/Probation Records
- Documented Collateral Contact

Acceptable verification must include the following:

- Name of Participant
- Name of Facility
- Name of Program Completed
- Date of Program Completion

**CHILD SUPPORT**

- Current court records
- Statement from parent providing support
- Check (or copy of check)
- Current attorney's records
- Employer's record of attached wages
- Court order
- Support agreement
- Divorce or separation decree
- Correspondence regarding support payments and/or Form 2506, Cash Contribution Verification
- Child Support Enforcement Program (CSEP) records/reports
- UIB records (ESD P/O) indicating mandatory C/S deductions

**CONTRIBUTIONS**

- Statement from person or agency providing the money or making payment for you
- Contribution check (or copy of check)
- Canceled check of person making contribution

**EARNED INCOME**

- Employment verification Form 2074
- Earning statements or check stubs
- Employer's statement
- Employment Security Division printout/record/inquiry
- The Work Number printout/record/inquiry
- Employment & Training records
- Tip statement (if not included in earnings/verification)

**EDUCATIONAL GRANTS, SCHOLARSHIPS OR LOANS**

- Statement, letter or records from:
  - school
  - organizations, clubs or agency providing benefit
  - VA for veteran's educational benefits

**GOVERNMENT BENEFITS**

- Current award notice, letter or official written statement
- Check (or copy of check)

**OTHER INCOME**

- Check (or copy of check)
- Statement from bank paying dividends and interest
- Statement from company or union providing pensions or union benefits
- Form 2020 (Student Income Verification)
- Form 2140 Sponsor Information

**RSDI (Social Security)**

- Current award notice, letter or statement from Social Security Administration
- SSA Request (SSAR)
- Check (or copy of check)
- Direct deposit slip
- Computer inquiry to Bendex file if it is consistent with client's statement
- Social Security Administration Benefit Alert
- SSA 1610, Public Assistance Agency Information Request (if no other source is readily available)

**SELF-EMPLOYMENT**

- Most recent IRS tax return
- Business records and receipts
- Statement of estimated earnings
- Receipts for goods/services provided
- Form 2011, Self-Employment Worksheet (with receipts/records)

**SUPPLEMENTAL SECURITY INCOME (SSI)**

- Current award notice, letter or written statement from Social Security Administration
- Check (or copy of check)
- Direct deposit slip
- SSA Request (SSAR)

**UNEMPLOYMENT COMPENSATION**

- Check (or copy of check)
- Current award notice, letter or statement from Nevada Employment Security Division (ESD) **Note:** Other forms of verification must be used to verify the actual payment made to the household.
- Former employer
- Form 2258, Out-of-State (OTS) Assistance Inquiry
- Employment Security Division computer inquiry
- Statement from ESD verifying the application for UIB

**VETERAN'S ADMINISTRATION (VA) BENEFITS**

- Current award notice, letter or statement from VA
- Check (or copy of check)
- Form 2039, Benefit Verification Inquiry

**WORKER'S COMPENSATION**

- Current award notice, letter or statement from:
  - claims adjuster
  - attorney
  - insurance company
- Check (or copy of check)

**BANK ACCOUNTS**

- Current bank or credit union statement(s)
- Statement from bank or credit union official
- On-line bank account printout(s) – **Note:** Online account printouts may have shortened account owner's names and account numbers due to identity theft requirements. Compare the information on the account statement with information on the household's application or client's statement to determine if the account belongs to the individual.

**LIFE INSURANCE**

- Insurance policy
- Statement from
  - insurance company
  - insurance agent
  - union, employer, funeral director, organization or agency who provides insurance

**NONRECURRING LUMP SUM PAYMENTS**

- Statement from company, agency or organization that provided payment
- Checks, award letters or check stubs
- Bank statements/deposit slips

**OTHER LIQUID ASSETS/PERSONAL PROPERTY**

- Recent sales slips
- Insurance or tax appraisals
- Catalogs or newspapers
- Statement from
  - experts or other collectors
  - banks
  - brokers
  - local merchants

**REAL PROPERTY**

- Statement from
  - tax appraisal/collector office
  - county courthouse official
  - real estate company
  - bank or financial institution
  - local land owners (non-relative)
  - county agent

**VEHICLES**

- Kelly Bluebook (kbb.com)
- Statement from
  - finance company or bank
  - insurance agent
  - car dealers
  - DMV
  - city or county government records
- Newspaper

**DEPENDENT CARE**

- Statement or a current bill from provider
- Current receipts
- Income tax return
- Child Care Certificate issued from CCDP (Child Care and Development Program) or Children's Cabinet  
**NOTE:** Any additional expenses incurred for child care expenses above the amount listed on the certificate must be reported and verified separately by the client.

**HOME INSURANCE**

- Insurance company bill
- Statement from insurance company employee
- Insurance policy

**MEDICAL EXPENSES**

- Bills (or copies of bills) from providers of health insurance, services and products
- Statements from providers **NOTE:** If covered by insurance, this statement needs to show balance due after insurance pays.
- Health insurance policy(ies)

**MORTGAGE**

- Client Statement of Mortgage Expenses
- Statement from mortgage company or bank
- Mortgage receipt



**PROPERTY TAXES**

- Client Statement of Property Tax Expense
- Tax bill
- Statement from tax office employee
- Property Tax Records

**RENT**

- Client Statement of Rent Expense
  - Statement from landlord, apartment manager or property owner/manager
  - Rent receipt (completed by landlord, apartment manager or property owner/manager)
  - Current lease contract
  - Form 2488 – Completed by Landlord or Manager
  - Form 2008 – SNAP Affidavit of Separate Household
- Note:** Do not deny or terminate the client if the utility bill is not provided, this is third party non-cooperation.

**UTILITIES**

- Client Statement of Utility Expense
- Utility company bill or receipt with name and address
- Statement from utility company employee
- Information from subsidized housing agency
- Form 2008 – SNAP Affidavit of Separate Household – allow the expense even if the utility bill is not provided.
- Current lease or statement from landlord, apartment manager or property owner/manager verifying the resident's responsibility for utility payments.