Please consult with your local or State office before finalizing and using this checklist. It is important to find out if the State has an existing document that you can use. If not, work with your State to ensure that you are gathering the information they need. Your form should always state that a case worker may ask for additional documents. You may also want to mention that it is possible for the same document to serve for more than one category, for example, a driver's license can verify identity and address.
## SNAP Document Verification Checklist Template

### To verify your identity
- Driver’s license
- School or work identification
- Medical insurance identification
- Voter’s registration card
- Birth certificate

### To verify your address
- Library card showing address
- Voter’s registration card
- Utility bills
- Rent or mortgage receipts showing address
- Correspondence sent to stated address

### To verify your income
***(Present Document For Each Income Source)***
- Check stubs *(Confirm number required with local office)*
- Employer statement (if you get paid in cash or if you do not have your check stubs)
- Social Security, Supplemental Security Income, or Veteran’s Benefits
- Other Retirement or Disability Benefits
- Alimony
- Child support agreement
- Unemployment compensation
- Self-employment income (Includes rental income and freelance work; *check to see what form local office is using or provide tax returns* )
- Other, please specify.

### To verify your resources
- Bank accounts, savings accounts, and/or CD’s
- Stock Shares or bonds
- Proof of rental properties
- Other, please specify.

### To verify your expenses
- Rent or mortgage payments
- Property taxes
- Insurance on property
- Utilities receipts (gas, water, electricity, etc.)
- Child care costs
- Income summary if child support is deducted from wages or income
- Other, please specify

### Medical expenses deduction (only for households of elderly, age 60 or older, or disabled persons) for expenses not covered by insurance
- Summary of provided services such as doctor or hospital visits
- Detailed receipts showing unreimbursed medical expenses
- Identification from the Medical Assistance Program for persons 65 and older (Medicare) that shows Plan “B” coverage
- Prescription pill bottles showing cost on label or printout
- Medical payment agreement
- Invoices or receipts for medical equipment (including the rental cost)
- Receipts for transportation and lodging to obtain medical treatment
- Other, please specify