



Time to Act 44:44

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[Basic](#) [Income](#) [Expenses](#) [Programs](#) [NJ SNAP/WFJ](#) [Resources](#) [Review](#) [Submit](#)
**Review**

Progress: 12%

Review

[Click here if you want to Print this page](#)

- Please review the summary of the information that you have provided.
- If you feel any of the information is incorrect, please correct it by clicking on the Change button to the right of each section.
- After reviewing each section, click on the NEXT button at the bottom of the page to continue to the Submit page.

## Program Selection

[Update](#)
**Selected Programs**
☒ NJ SNAP  
 You did NOT apply for cash assistance
**Current/Active Cases**
 Do you currently have an active WFJ or NJSNAP Case? No  
 Current Case Numbers:
**Previous Cases**
 Have you had an active WFJ or NJSNAP Case in the last 2 years? No  
 Previous Case Numbers:
**Spoken Language**

English

**Disclaimers****Accommodations**

No Do you need services such as a Translator, Sign Language Interpreter, Visually Impaired device or other accommodations? If yes, please select from the below list.

Translator What Language:

Signing

Visually Impaired

Other

Describe Other:

## Contact Information

[Update](#)
**First Name**

Ron

**Last Name**

Heft

**Middle Name****Maiden Name****First Name**

Ron

**Last Name**

Heft

**Is Homeless**

No

**Address**

Address:123 FAKE ST STEWARTVILLE New Jersey 08886 WARREN

**Mailing Address**

Mailing Address:

**Contact Information**

♦Home Phone Number:6108447066

♦Work Phone Number:

♦Cell Phone Number:

◆Other Phone Number:

◆Email Address:

## NJ SNAP Information

Update

## EXPEDITED BENEFITS ELIGIBILITY

◆Is Gross Income less than \$150:No

◆Is Rent greater than Gross Income:Yes

◆Has Migrant FarmWorker:No

## Has Received Emergency FS

## When Received

## Where Received

## Which State

## Member Basic Information

Update

No	Name	Applying for benefits?	CITIZENSHIP INFORMATION	DOB/ BirthPlace	SSN: ?	Is Disabled	Relationship
1	Name:Ron Heft		◆Citizen Status: ◆Entry Date: ◆Origin Country: ◆Registration Number: ◆Sponsor Name: ◆Sponsor Income: SPONSOR ADDRESS: ◆Citizenship Applied Date:	:			SE-Payee (On whose name benefits to be issued)

## Member Other Information

Update

No	Member	Spouse	Gender	PREGNANT	RACE/ ETHNICITY	Parent/ Guardian	EDUCATION	Marital Status
1	Ron Heft			◆Are you Pregnant?: ◆Due Date ? : ◆Doctor Name: DOCTOR ADDRESS:	◆Race: ◆Ethnicity:	◆1st Parent / Guardian: ◆1st Parent Relation: ◆2nd Parent / Guardian: : ◆2nd Parent Relation:		

## Earned Income

Update

No	Member Name	Employment Type	EMPLOYER DETAILS	PAYMENT HISTORY
No information entered.				

## Unearned Income

Update

No	Member Name	Type of Income	Receive/ Applied	Date last Received/ Applied	Income Amount	How often received	Claim Number
1		Unemployment Insurance (UIB)					
2		Veteran's Benefits (VA)					
3		Social Security (RSDI)					
4		Supplemental Security Insurance (SSI)					
5		Disability Payments					
6		Subsidized Adoption					
7		Interest/Dividends from Stocks,					

	Bonds, Bank Accounts, Etc.
8	Annuity Benefits (Include Life Insurance Dividends)
9	Income from Property Rent
10	DCP and P Relative Care Permanently Support
11	Income from Roomer(s) and/or Boarder(s)
12	Income from Relative, Friend, Lodges or Unions
13	Income Tax Refund or Earned Income Credit
14	Foster Care Payments
15	Trust Fund
16	Lump Sum Payments (From Retroactive Benefits, Lawsuits, etc.)
17	DCP and P Legal Guardianship
18	Lump Sum Earnings, Winnings, or Gifts.
19	Workers Compensation
20	Union/Pension Benefits
21	Child Support
22	Alimony
23	Training Allowance
24	General Assistance (GA)
25	Allotment Check from Serviceman

## HELP TAKEN FOR EXPENSES

Update

No	Who received the money	Reason	Who gave the money	Amount given	How Often
No information entered.					

## Housing Cost

Update

No information entered.

## Type of Housing Cost

## RENT/ MORTGAGE

◆Monthly Rent/Mortgage Amount:

◆How often Billed:

## PROPERTY TAX

◆Property Taxes:

◆How often Billed:

## INSURANCE ON HOME

◆INSURANCE ON HOME:

◆How often Billed:

## LANDLORD

◆Landlord Name:


LANDLORD ADDRESS:


Do you have an air conditioner in your house/apartment?


## Excess Medical Costs

Update

No	Name on	Type Of Medical	Amount given	How often payment is	Is Reimbursed	How much do they	Reimbursed By Whom (Ex: medical insurance, Medicare, PAA or another
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Bill	Expense	due	pay?	individual)						
No information entered.										
Child/ Adult Care you pay				<a href="#">Update</a>						
No	Who Pays	Child/ Adult being cared for	Cared Member Name	Is this member Disabled?	Care Provider Name	Provider Address	Provider Phone Number	Days Per Week	Daily Rate	Monthly child/adult care Amount Paid
No information entered.										
Child Support Paid				<a href="#">Update</a>						
No	Member Name	Child Being Supported	CHILD ADDRESS	Age of Child	Monthly Amount Paid out	Child Support Case Number				
No information entered.										
NJ SNAP Information				<a href="#">Update</a>						
<p>Is Paying Someone for Meals</p> <p>Household Head</p> <p>As you have reported no Income, What was your household's last source of income?</p> <p>When was it received? </p> <p>Expect Changes</p> <p>If yes, please explain.</p> <p>HEA</p> <p>Pay for Utilities</p>										
NJ SNAP Member Details				<a href="#">Update</a>						
No	Please answer the following for the Member	60 days	90 days	Reason	On Strike?	Last Employment Date	Current Work	Received TANF or GA	Student Information	
1	Ron Heft							♦Received TANF or GA: ♦Assistance Type: ♦Received Date: ♦Assistance Provider:	♦Is Participating in a federally funded Work Study Program: ♦Is Responsible for a dependent child under age 6: ♦Is Responsible for a dependent household member between ages 6 to 12?: ♦Is enrolled full time in an institution of Higher Learning?:	
Student Income										<a href="#">Update</a>
No	Member Name	School Name	Fulltime/Parttime	Type of Income	Loan/Grant/Scholarship Amount	Period Covered From (YYYY/MM)	Period Covered To (YYYY/MM)	Tuition Expense Amount	School Fee Amount	
No information entered.										
Income History				<a href="#">Update</a>						
No	Member	Employer	Address1	Address2	City	State	Zip	Is this your current	Start	End

Name	Name	Employer?	Date	Date			
<b>No information entered.</b>							
Utility Expenses				<a href="#">Update</a>			
No	Please answer the following for Utility Expense	On whose name the utility bill is?	Amount Paid	How often billed	Is this Utility used for Heating or Cooling your house?	Account Number	Utility Company
1	TPH-Telephone (basic rate)		-	-			
2	WAT-Water		-	-			
3	SEW-Sewerage		-	-			
4	GAT-Garbage and Trash Removal		-	-			
5	IU-Cost of Initial Installation of Utilities		-	-			
6	ELC-Electricity		-	-			
7	GAS-Natural Gas		-	-			
8	OIL-Fuel Oil		-	-			
9	COL-Coal		-	-			
10	KER-Kerosene		-	-			
11	WOD-Wood		-	-			
12	PBG-Bottled Gas		-	-			
13	UTS-Utility Surcharge (indicate which)		-	-			
14	OTH-Other		-	-			
Other Member				<a href="#">Update</a>			
No	First Name	Last Name	Middle Name	Relationship to Payee			
<b>No information entered.</b>							
Authorized Representative					<a href="#">Update</a>		
<b>No information entered.</b> <b>First Name</b> <b>Last Name</b> <b>Middle Name</b> <b>Phone Number</b> <b>Date Of Birth</b> <b>SSN:</b>  <b>Address1</b> <b>Address2</b> <b>City</b> <b>State</b> <b>Zip</b>							
Criminal History				<a href="#">Update</a>			

No	Member Name	Fleeing Felon	FRAUD CONVICTION		Drug Charge (For GA only)			
1	Ron Heft	<ul style="list-style-type: none"> <li>◆Is this member a fleeing felon?:</li> <li>◆Fleeing From:</li> <li>◆Is this member in violation of probation imposed by a Federal or State court?:</li> <li>◆Is this member in violation of a condition of parole?:</li> </ul>	<ul style="list-style-type: none"> <li>◆Is this member convicted of fraudulently receiving means tested benefits in two or more places at the same time?:</li> <li>◆Where Fraud Occurred:</li> <li>◆Fraud Occurred Date </li> <li>◆What Fraudulent Benefits:</li> </ul>	<ul style="list-style-type: none"> <li>◆Since August 22, 1996, is this member committed and been convicted of possession, use or distribution of a controlled substance, which is an indictable offense?:</li> <li>◆Drug Charge Type:</li> <li>◆Drug Charge Location:</li> <li>◆If this member convicted of an indictable offense for possession or use, is this member enrolled in or completed a Department of Health and Senior Services licensed or approved residential drug treatment program?:</li> <li>◆Drug Treatment Facility:</li> <li>◆Drug Treatment Date:</li> <li>◆Reason why not enrolled in Drug Treatment:</li> </ul>				
Resources								Not Applicable
Pending Claims								Update
No	Member Name	Claim Description	Lawyer Name	Lawyer Phone Number	Claim Expected Completion Date	Value of Claim		
No information entered.								
Traded Items								Update
No	Traded, given away, transferred or sold BY whom	Traded, given away, transferred or sold For TANF and GA purposes within the past 12 months	Traded, given away, transferred or sold For NJ SNAP purposes within the past 3 months	Item Description	Traded, given away, transferred or sold to whom	Date of Sale or Gift	Total Market Value	Amount Received
No information entered.								
Real Estate								Not Applicable
Personal Property								Not Applicable
Emergency Contact Information								Not Applicable
Back								Next
<div>Staging Server    New Jersey OneApp</div>								