

County/City : Prince William County (153)
7987 ASHTON AVE., SUITE 200
MANASSAS, VA 20109
Phone: (703) 792-7500

Commonwealth of Virginia Department of Social Services

Date: 11/04/2019
Case Number: 118947431
Client ID: 2120026550
Correspondence #: 743291306

Muhammad J Sahibzada
1508 Constellation Place APT 403
Woodbridge, VA 22191

Checklist of Needed Verifications

In order for us to see if you are eligible for assistance, you must provide the information checked below. We will help you obtain the information. If you cannot provide the information, or if you need help in providing the information, contact your worker. Call collect, if necessary. If you do not provide this information or contact the agency by the following dates, your application may be denied.

PLEASE RETURN THIS DOCUMENT WITH YOUR VERIFICATIONS.

Verifications for the items indicated below are due by: 11-14-2019

	TANF	SNAP	Medical Assistance	Energy Assistance		TANF	SNAP	Medical Assistance	Energy Assistance
1. Income (Earned and Unearned)									
Pay stubs, statement from employer					Social Security/SSI Benefits				
Self-employment records	X	X	X		Retirement Income	Declaration Statement from Muhammad Sahibzada stating how he is meeting his families needs (food, rent, utilities, necessities etc.) If you are borrowing money every month please list the amount and who it is from. If any part is a gift we will need a letter from the person giving the gift and the date given and amount. They will also need to state if it will continue. If so amount and frequency. All Letters need to be signed and dated and have phone number.			
Child support, alimony payments	1. Payment History Report from LYFT from Start Date to Current November 2019 for Muhammad Sahibzada				Unemployment Benefits				
Worker's Compensation benefits					Loans				
VA Benefits	2. Declaration Statement from Muhammad Sahibzada in regards to expenses driving for LYFT. Please list type of expense and the monthly amount paid. Letter needs to be signed and dated.				Scholarships/Grants				
Statement of contribution					Other				
2. Work Expenses									
Day care expenses for child or adult					Other	x	x	x	
3. Resources									
Pension plans, retirement accounts, IRAs					Burial plots funds, contracts				
Checking, savings, credit union, Christmas Club account statements					Title, registration, or personal property, tax receipts for motor vehicles, motor boats, motor homes				
Real estate property					Stocks, bonds or CDs				



	TANF	SNAP	Medical Assistance	Energy Assistance		TANF	SNAP	Medical Assistance	Energy Assistance
Life Insurance Policies					Other				
4. Shelter Expenses									
Rent or mortgage receipt					Real estate taxes				
Homeowner's insurance					Electric bill				
Gas/kerosene/oil/wood/coal bill					Water/sewage bill				
Garbage bill					Phone bill				
Initial installation charge					Other				
5. Child Support Paid									
Child support paid					Copy of support order				
Other									
6. Identity									
Proof of identity such as driver's license, state issued ID, voter registration card, medical card, work ID, school ID, library card etc.					Other				
7. Residency, Living Arrangements, School Enrollment									
Verification of residence					School enrollment	X	for Muhammad Zohaib, Muhammad Sohail and Sodais Sahibzada		
Separate arrangement to buy and prepare food					Proof that children live in the home	X	Residency Form		
Other									
8. Documents									
SSN cards/numbers					Application for SSN card				
Citizenship					Immigration/alien documentation	X	Copy of Permanent Resident Cards for all members (front & back)		
Birth verification		X All members			Verification of paternity				
Marriage certificate					Divorce decree				
Death certificate					Other				
9. Medical Information									
Medical bills, Prescription drug bills					Medical form, statements				
Health insurance policies, cards					Health insurance premiums				
Immunization records					Other				

Other information or verification needed: 1. Notice of Personal Responsibility for TANF

2. Notice of Intentional Program Violations and Penalties.

3. Do You Has a Disability Form for Muhammad Sahibzada & Deebea Junaid

Worker A. ALLEN-HIBBERD	Telephone Number (703) 792-4350	For Free Legal Advice Call 1-866-534-5243
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