APPLICANT NAME			DATE				
	ordance with federal and state regulations, the Camden Counine program eligibility under the Workforce Innovation and Opport						
	PHOTO IDENTIFICATION (UNEXPIRED)	S REQU	IRED FOR <u>ALL</u> APPLICANTS				
Socia	l Security Number:						
	Social Security Card (original with signature)						
Proof	f of Address (provide one of the following):						
	NJ Driver's License/NJ State ID (unexpired)		Utility Bill (current month)				
	Rental/Lease agreement		Letter from Social Service Agency				
	Mail with recent postmark (within 15 days of date of e	ligibility)	2 ,				
Proof	f of Family Income for Past 6 Months (provide all a	nnlicable	documents).				
	Unemployment Statement/Payment History		Pay Stubs				
	Public Assistance/Food Stamps Records		Child Support/Alimony				
	Self-Employment (Schedule C)		Census Track				
	Pension Statement (private/government/military retirem	nent)	Consus Truck				
	Social Security Award Letter (old age/survivor's benefits/disability)						
	All other income documentation related to the price	-					
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	Verification (provide one of the following):	_					
	Birth Certificate (with seal)		Driver's License/NJ State ID (unexpired)				
	Hospital Record of Birth (with seal)		Passport (undamaged/unexpired)				
	School ID/Official School Records		Federal, State, or Local Gov't I.D.				
	Public Assistance Records		DD-214 (Transfer or Discharge Record)				
Proof	f of Citizenship (provide one of the following):						
	Birth Certificate (with seal)		U.S. Passport (undamaged/unexpired)				
	Naturalization Certificate (with seal)		Certificate of Citizenship (with seal)				
	Consular Report of Birth Abroad (with seal)		Permanent Resident Card (unexpired)				
Dugg	f of Family Siza						
	f of Family Size: Birth Certificate(s) of children (with seal)		Marriage Certificate				
	Public Assistance/Social Service Records		Court/Divorce Decree				
	Tubile Assistance/Social Scivice Records	ш	Coult Divorce Decree				
Certi	fication of Work Authorization:						
	Authorization to Work Status (complete reverse s	ide of for	em)				
Selec	tive Service (<i>males</i> born on 01/01/1960 or later – provid	e one of th	e following):				
	Selective Service Registration Card		Acknowledgement Letter				
	Selective Service Verification Form		SSS.Gov Website Registration				
	Post Office Receipt of Registration		DD-214 Report of Separation				
Veter	ran's Status:						
	DD-214						
Proof	of Legal Name Change (provide one of the following):						
	Marriage Certificate		Court Document				