

APPOINTMENT WITH: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



## East Valley Family Services

More than help...  
More than hope...

1800 E. Sahara Ave. Suite 117  
Las Vegas, NV, 89104  
www.eastvalleyfamilyservices.org  
(702) 631-7098  
Fax: (702) 733-6144

### SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

#### S.N.A.P.

#### Document Check-List

- \_\_\_ Picture ID's (for all adult applicants)
  - \_\_\_ Birth Certificates (for everyone applying)
  - \_\_\_ Social Security Cards (for everyone applying)
  - \_\_\_ Income (most current pay stubs for the last 60 days)
  - \_\_\_ Disability, SSI, or Social Security (current award letter/s)
  - \_\_\_ Letter from any person/s who are helping (paying bills, rent, or giving you money)
  - \_\_\_ Bank Statement (most current)
  - \_\_\_ Car(s) Registration(s)
  - \_\_\_ Residency Verification (Current Signed Lease/ or letter of agreement from landlord.)
  - \_\_\_ **All** Utility Bills (most current power, gas, telephone or cell etc.)
- All required documentation must be provided in order for your application to be submitted**