



**State of New Jersey**  
 DEPARTMENT OF COMMUNITY AFFAIRS  
 101 SOUTH BROAD STREET  
 PO Box 051  
 TRENTON, NJ 08625-0051

**PHILIP D. MURPHY**  
*Governor*

**TAHESHA L. WAY**  
*Lieutenant Governor*

**JACQUELYN A. SUÁREZ**  
*Acting Commissioner*

## Income Verification Request

Agency Name: Outreach of \_\_\_\_\_ County \_\_\_\_\_ Date of Request: \_\_\_\_\_

Head of Household: \_\_\_\_\_ Application ID#: \_\_\_\_\_

Last Name	First Name	Social Security Number	Date of Birth
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Response:

Last Name	First Name	Social Security Number	Date of Birth
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Response:

**Additional Notes for this Request: USFHEA / Emergency**

Page number: 1

[zeroinc3.verification@dca.nj.gov](mailto:zeroinc3.verification@dca.nj.gov)

