

Joe Lombardo  
Governor

Laura Rich  
Director



**DEPARTMENT OF  
HUMAN SERVICES**  
DIVISION OF SOCIAL SERVICES  
*Helping people. It's who we are and what we do.*



Robert H. Thompson  
Administrator

**Notice of Required Verification**

You may be required to provide proof of your household's circumstances to determine which benefits your household will receive. This proof will be required for all people in your household. It will help the application process if you provide the needed proof prior to or at your interview. The information below are examples of items you may be required to provide to meet this requirement.

The documents you provide to us should cover a 30-60-day period prior to your date of application for benefits. Your worker will provide you with more information regarding time periods.

If you are having trouble getting the required information, we can assist you. Please contact us at 702-486-1646 or 775-684-7200, if you need assistance. You can also refer to our website, <https://dwss.nv.gov/>, for general information.

**Identification/Citizenship**

- United States Passport
- Government Issued Driver's License/Identification Card
- U.S. Military ID (active, dependent, retired)
- USCIS Verification of Citizenship
- Certified United States Birth Certificate

**Unearned & Other Income**

Copy of award letter or other statement/verification for:

- Social Security Benefits (RSDI)
- Supplemental Security Income (SSI)
- Worker's Compensation
- Unemployment Benefits
- Veteran's Benefits (retirement, disability, educational)
- Retirement Pensions/Benefits
- Child Support Payments - Copy of Court Order
- Alimony
- Cash Contributions/Loans
- TANF or other Government Payment
- County or Indian General Assistance
- Educational Income (Government Grants, Student Loans, Scholarships, etc.)
- Any other income received by any household member

**Earned Income**

- Paycheck Stubs or Employer
- Statement
- If employment has ended in the last 90 days, proof of termination and final pay
- If unable to work, doctor's statement
- Self-Employment Records/Tax
- Returns

**Nevada Residency**

- Current Lease or Rental Agreement
- Nevada Driver's License
- Statement regarding homeless situation

**Out of State Benefits**

- Proof of any benefits received from another state
- Verification out-of-state benefits have been terminated

**Resources**

- Bank or Credit Union Statement
- Savings Bonds
- Vehicle Registration
- Life Insurance Policies
- Retirement Account Statements
- Trust Documents
- Proof of Stocks and Bonds
- Proof of Home or Property Ownership

**Expenses**

**Shelter Expenses**

- Rent or Mortgage Receipt
- Current Utility Bill
- Signed & Dated Landlord Statement
- Proof of Home Taxes & Insurance

**Educational Expenses**

- Financial Aid Statement from School
- Receipts

**Dependent Care**

Receipt/Statement from sitter or daycare center with the following information:

- Name of Sitter or Center
- Monthly Payment
- Names and ages of persons cared for
- Reason for Care

**Court Ordered Child Support Paid**

- Copy of Court Order
- Verification of Payments Made