STATE BENEFITS ADMINISTRATION FORM GA-100 (REV. 2026)

Application for Assistance

Print clearly. This form may be completed on screen or by hand, then signed and submitted.

1 APPLICANT INFORMATION

First name: Jordan

M.I.: A

Last name: Ellison

Social Security number: 123-45-6789

Date of birth (YYYY-MM-DD): 1989-03-14

Phone: (856) 555-0142

Email: jordan.ellison@example.com

2 RESIDENCE

Street address: 418 Chestnut Ridge Road, Apt 2B

City: Blackwood

State: NJ

ZIP: 08012

County: Camden

3 HOUSEHOLD & ELIGIBILITY

Household size: 3

Gross monthly income (USD): 2,840.00

- [x] Currently receiving SNAP
- [ ] Currently receiving Medicaid
- [x] U.S. citizen

Program requested: General Assistance

4 CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge.

Applicant signature: *Jordan A. Ellison*

Date: 2026-06-26

FOR OFFICE USE ONLY

Date received _____ Case number _____ Caseworker _____