NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION

This application can ONLY be used to apply for SNAP

If you are blind or seriously visually impaired and need this application in an alternative format, you may request one from your social services district. For additional information regarding the types of formats available and how you can request an application in an alternative format, see the instruction book (LDSS-4826A), or www.otda.ny.gov.

If you are blind or seriously visually impaired, would you like to receive written notices in an alternative format? ____ Yes ____ No

If Yes, check the type of format you would like: ___ Large Print ___ Data CD ___ Audio CD ___ Braille, if you assert that none of the other alternative formats will be equally effective for you.

If you require another accommodation, please contact your social services district.

If you are only applying for SNAP you can use this shorter application. If you would like to apply for other benefits such as Temporary Assistance, Child Care Assistance, Home Energy Assistance or Medicaid please ask for a different application.

When You Are Applying For SNAP

- You can file an application the same day you receive it. We must accept your application if, at a minimum, it contains your name, address, (if you have one), and a signature. This information will establish your application filing date.
- You must complete the application process, including having an interview and signing the certification statement on page 8 of the application/recertification for your eligibility to be determined. If you are eligible, benefits will be provided back to the date you filed your application.
- You can apply for and get SNAP for eligible household member(s) even if you or some other members of your household are not eligible for benefits because of immigration status. For example, ineligible alien parents can apply for SNAP for their children and receive benefits for their eligible children.
- You can still apply and be eligible for SNAP even if you have reached your Temporary Assistance time limits.

Need SNAP Benefits Right Away? You May Be Eligible For Expedited Processing of your SNAP Application:

If your household has little or no income or liquid resources, or if your rent and utility expenses are more than your income and liquid resources, or you are a migrant or seasonal farmworker with little or no income or resources when you apply, you may be eligible to get SNAP within 5 calendar days of the date you apply. When a resident of an institution is jointly applying for SSI and SNAP prior to leaving the institution, the recorded filing date of the application is the date of release of the applicant from the institution.

Where You Can Apply For SNAP

If you live outside of New York City, you can apply on-line at myBenefits.ny.gov, or call or visit the social services district in the county where you live and ask for an application package, which can be mailed or dropped off to that appropriate office. You can get the address and phone number of the social services district in your county by calling toll free 1-800-342-3009.

If you live in New York City and you are not also applying for Temporary Assistance, you can apply on-line at myBenefits.ny.gov, or call or visit any SNAP Office and ask for an application package. You can get the address and phone number by calling 1-718-557-1399 or toll free 1-800-342-3009.

Having Problems Coming To Us For A SNAP Interview Appointment?

If it is difficult for you to come in for a SNAP interview appointment (reasons may include employment, health issues, transportation or child care problems), in some circumstances; we can interview you by telephone, or you may have someone else apply for you. Please contact your social services district if you have any questions, to see if you are eligible for a telephone interview, or if you need to reschedule an interview.

NON-DISCRIMINATION NOTICE – In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audio tape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

SNAP APPLICATION / RECERTIFICATION

Application Date	Interview Date	Center/Office	Unit	Worker	Case Type	Case Number	Registry Number	Version	☐ Apply ☐ Recertify	Lang

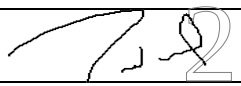
Legal Name: Pedro Vicente Marcano Perez Telephone Number: 321-7329798 Other phone where you can be reached: 3217329993

Residence Address: 6879 Lakeside rd Apt.# 1 City Ontario, NY Zip Code 14519

Mailing Address (if different) _____ Apt.# ____ City _____, NY Zip Code _____

Known by Any Other Name: _____ Are You: ☐ Applying or ☒ Recertifying Do you want to receive notices in: ☒ Spanish and English or ☐ English Only

We must accept your application if, at a minimum, it contains your name, address (if you have one), and signature in this box. →

APPLICANT/REPRESENTATIVE SIGNATURE 

DATE SIGNED 03/26/2025

List everyone who lives with you even if they are not applying. List yourself first.

LN	First Name	MI	Last Name	Social Security Number (SSN) of applying member (If none, write "NONE")	Date of Birth	Marital Status	Sex M or F	Is this person applying? Yes	Is this person applying? No	Relationship to you	Do you buy and/or prepare food with this person? Yes	Do you buy and/or prepare food with this person? No	Hispanic or Latino? Yes	Hispanic or Latino? No	Race* I	Race* A	Race* B	Race* P	Race* W
1	Pedro	V	Marcano	884-81-9648	10/19/1972	Married	M	✓		self	✓		X			Y	Y		Y
2	Mariela	E	Barberti	867-07-7002	04/20/1981	Married	F	X					X						Y
3	Paul	A	Marcano Barbeti	185-93-0231	10/13/2010	Single	M	X					X			Y	Y		Y
4	Abraham	A	Marcano Barbeti	728-75-6163	09/18/2017	Single	M	X					X						Y
5	Alena	V	Marcano Barbeti	131-83-0483	05/11/2019	Single	F	X					X						Y
6	Ana	V	Marcano	882-84-1172	10/14/2023	Single	F	X					X						Y
7																			
8																			

*Race/Ethnic Codes: I – Native American or Alaskan Native, A - Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

The provision of this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to ensure that program benefits are distributed without regard to race, color or national origin.

Are you and is everyone living with you a US citizen? ☐ Yes ☒ No If No, who is not a citizen? Pedro, Mariela and Paul

Are you or is anyone in your household applying for or receiving SNAP or Temporary Assistance in another place? ☐ Yes ☒ No

Are you or is anyone living with you a veteran? ☐ Yes ☒ No If Yes, who _____

Do you or does anyone live in a drug or alcohol treatment center, State-certified group living facility or State-certified supervised/supportive apartment? ☐ Yes ☒ No

If you are recertifying for SNAP, list on Page 9 what has changed since your last application or recertification *(such as moved, had a baby, someone moved in or out of your household).*

You may use page 9 if you need more room or there is other information that you think we might need.

Go to Page 3

INCOME

List ***ALL*** your income and the income of everyone living with you. This includes, but is not limited to wages, income from self-employment minus the cost of producing self-employment (for example: babysitting, cleaning, income from a roomer or boarder), child support, pensions, veteran's benefits, disability, social security or SSI, grants or scholarships for rent or food, Temporary Assistance, and income from friends or relatives.

Name of Person Receiving Income	Source of Income	Hours Worked Per Month	How Often is it Received? *(for example, weekly, bi-weekly, monthly)*	Gross Amount Received Before Deductions
Pedro Marcano	Full time Employment	225	742 Weekly	1,125 Weekly

Do you or does anyone living with you have child/dependent care costs related to employment or training? ☐ Yes ☒ No *If Yes, who* _____ .

Amount paid $ _____. How often paid *(e.g., weekly, monthly)* _____.

Have you or has anyone living with you changed or quit jobs or reduced any form of income in the last 30 days – including reduced work hours or income? ☐ Yes ☒ No

Do you or does anyone living with you have any potential income that has not yet been received? ☐ Yes ☒ No If *Yes, explain on Page 9.*

Are you or is anyone living with you participating in a strike? ☐ Yes ☒ No If Yes, who _____ .

Are you or is anyone living with you a boarder, foster child, or foster adult? ☐ Yes ☒ No

If *Yes, check B for boarder or F for foster and write their name.* ☐ *B* ☐ *F* Name: _____ .

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RESOURCES

Resources do not affect the eligibility of most households applying for SNAP. However, some resource information is used to determine if you qualify for expedited processing of your application.

How much money does everyone in your household have? *(For example, on your person; in your home, in checking and savings accounts, or other locations, including jointly held accounts)*
$_____ Belongs to _____ .

Other financial assets? *(For example, stocks, bonds, retirement accounts, savings bonds, mutual funds, IRAs, trust funds, money market certificates)* ☐Yes ☐No

If Yes, amount $_____ *Type* _____ *Owner* _____.

How many cars, trucks or other vehicles do you or anyone in your household have?

___ #1 *Year* _____ *Make* _____ *Model* _____ *Owner* _____

___ #2 *Year* _____ *Make* _____ *Model* _____ *Owner* _____

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Do you or anyone applying own any property including your own home? ☐ Yes ☐ No If yes, *list property*_____ *Owner* _____

Has anyone applying sold, given away or transferred cash or property in the last three months to qualify for SNAP? ☐ Yes ☐ No

EDUCATION/TRAINING AND LANGUAGE

Enter the name of each applying person in the household aged 16 or older, including yourself. For each person, put an "X" in the box in the "Highest Level of Education" section, using the education and training codes shown below. Check only one box per person. If you enter an "X" in the "0" column for a person, (indicating they do not have a high school diploma or a high school equivalency diploma), enter their highest school grade completed in the "Highest School Grade Completed" box (example – if a person is in 10th grade, put "9" in the "Highest School Grade Completed" box). Leave the "Highest School Grade Completed" box blank if the "0" column is not checked for a person in high school or obtaining a high school equivalency diploma.

Additionally, please identify the primary language spoken for each individual in the SNAP household that is age 16 or older. The primary language is the language the individual speaks most often.

Name (First and Last)	Highest Level of Education* (Codes Defined Below)							Highest School Grade Completed (see information below)	What is the Individual's primary language spoken?
	0	1	2	3	4	5	8		
Pedro Marcano					X			Bachelor BA	Spanish
Mariela Barbetti					X			Bachelor in Low	Spanish

* Education and Training Codes: 0 – Less than a high school diploma or equivalency; 1 – High school diploma or high school equivalency diploma; 2 – Associates Degree (2-year college degree); 3 – Bachelor's degree (4-year college degree); 4 – Graduate degree (Master's or higher); 5 – Completion of an Individualized Education Plan (IEP); 8 – Unknown

NOTE: The provision of information regarding highest level of education, highest school grade and primary language spoken is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received. The reason for this information is to meet federal reporting requirements.

LIVING ARRANGEMENTS AND EXPENSES

Check all the descriptions that apply to your household:

☐ Own home or paying for home ☒ Renting ☐ Migrant/seasonal farmworker ☐ No permanent residence ☐ Live with relatives or friends

List expenses:

Monthly rent or mortgage payment $ 1.200 Tax on home per year $ _____ Insurance on home per year $ 112.

Pay separately for Heat? ☒ Yes ☐ No If yes, specify type of heating: ☒ Gas ☒ Electric ☐ Oil ☐ Wood ☐ Coal ☐ Propane ☐ Other *(list)* _____

Heat Co. Name RGE Heat Co. Acct. No. _____

Pay for air conditioning, either in your electric bill or as a separate fee? ☒ Yes ☐ No

Pay separately for utilities *(other than heating/cooling)?* ☐ Yes ☒ No *(for example, lights, cooking gas, garbage/trash, water, initial installation of utilities)*.

Does anyone else pay any of these expenses for you *(some examples are Section 8 or other subsidy program)*?

☐ Yes ☒ No *If yes, who pays what?* _____ .

Are you or is anyone living with you paying legally obligated child support? ☐ Yes ☒ No *If yes, who* _____

Name(s) of child(ren) support is being paid for _____

Payment amount $_____ Frequency of payments *(for example, weekly, bi-weekly, monthly)* _____

Are you, and/or anyone living with you, disabled or at least age 60? ☐ Yes ☒ No *If yes, who* _____

If so, does such person have medical bills? ☐ Yes ☒ No If yes, list on page 9 what they are for, how much and who is responsible for payment.

LIVING ARRANGEMENTS AND EXPENSES (cont'd)

Are you, and/or anyone living with you, on Medicaid with a spenddown? ☒ Yes ☐ No *If yes, who* _____ Amount $_____

Are you or anyone living with you (16 or 17 years of age) enrolled in school or training? ☐ Yes ☒ No *If yes, who* _____ Name of School/Training Program _____

Are you or anyone living with you, between the ages of 18 and 49 years of age, attending a school or training program (above High School)? ☐ Yes ☒ No *If yes, who?* _____

Name of School/Training program _____ *Full Time (FT)* ☐ Yes ☐ No Income ☐ Yes ☐ No Expenses ☐ Yes ☐ No

Are there adults in the household age 16 and older (including the applicant) who:

Are pregnant? ☐ Yes ☒ No If yes, who Mariela Barbett

Have any medical conditions that limit their ability to work or the type of work that they can perform? ☒ Yes ☐ No If yes, who _____

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Answer these questions:

Are you or is anyone living with you violating a condition of probation or parole or fleeing to avoid prosecution, custody or confinement for a felony and actively being pursued by law enforcement?

☐ Yes ☒ No *If yes, who* _____

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☒ No *If yes, who* _____

Have you or has anyone living with you ever been disqualified from receiving SNAP because of fraud or intentional program violation? ☐ Yes ☒ No *If yes, who* _____

Have you or has anyone living with you been convicted of trading SNAP benefits for firearms, ammunition or explosives, or drugs after September 22, 1996? ☐ Yes ☒ No

If yes, who _____

Have you or has anyone living with you been convicted of buying or selling SNAP benefits for a combined amount of $500 or more, after September 22, 1996? ☐ Yes ☒ No

If yes, who _____

Have you or has anyone living with you been convicted of fraudulently receiving duplicate SNAP benefits in any State after September 22, 1996? ☐ Yes ☒ No

If yes, who _____

You may use page 9 if you need more room or there is other information that you think we might need.

READ THE IMPORTANT INFORMATION BELOW

SNAP PENALTY WARNING – Any information you provide in connection with your application for SNAP will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied SNAP. You may be subject to criminal prosecution if you knowingly provide incorrect information which affects eligibility or the amount of benefits. Anyone who is violating a condition of probation or parole or anyone who is fleeing to avoid prosecution, custody or confinement for a felony, and is actively being pursued by law enforcement, is not eligible to receive SNAP benefits.

If a SNAP household member is found to have committed an Intentional Program Violation (IPV), the member will not be able to get SNAP benefits for a period of:

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- 12 months for the first SNAP-IPV;
- 24 months for the second SNAP IPV;
- 24 months for the first SNAP-IPV, that is based on a court finding that the individual used or received SNAP benefits in a transaction involving the sale of a controlled substance. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- 120 months if found guilty of making a false statement about who you are or where you live in order to get multiple SNAP benefits simultaneously, unless permanently disqualified for a third IPV.

Additionally, a court may bar an individual from participation in SNAP for an additional 18 months.

READ THE IMPORTANT INFORMATION BELOW (cont'd)

Permanent disqualification of an individual for:

- The first SNAP-IPV based on a court finding of using or receiving SNAP benefits in a transaction involving the sale of firearms, ammunition or explosives.
- The first SNAP-IPV based on a court conviction for trafficking SNAP benefits for a combined amount of $500 or more (Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP authorization cards or access devices.)
- The second SNAP-IPV based on a court finding that an individual used or received SNAP benefits in a transaction involving the sale of controlled substances. (Illegal drugs or certain drugs for which a doctor's prescription is required.)
- All third SNAP-IPV Intentional Program Violations.

Any person convicted of a felony for knowingly using, transferring, acquiring, altering or possessing SNAP authorization cards or access devices may be fined up to $250,000, imprisoned up to 20 years or both. The individual may also be subject to prosecution under the applicable Federal and State laws.

You may be found ineligible for SNAP or found to have committed an IPV if:

- You make a false or misleading statement, or misrepresent, conceal or withhold facts in order to qualify for benefits or receive more benefits; or
- Purchase a product with SNAP benefits with the intent of obtaining cash by intentionally discarding the product and returning the container for the deposit amount; or
- Commit or attempt to commit an act that constitutes a violation of Federal or State law for the purpose of using, presenting, transferring, acquiring, receiving, possessing or trafficking of SNAP benefits, authorization cards or reusable documents used as part of the Electronic Benefit Transfer (EBT) system.

Additionally, the following is not allowed and, you may be disqualified from receiving SNAP benefits and/or be subject to penalties for actions that include:

- Using or have in your possession EBT cards that do not belong to you, without the card owner's consent; or
- Using SNAP benefits to buy nonfood items, such as alcohol or cigarettes, or to pay for food previously purchased on credit; or
- Allowing someone else to use your electronic benefit transfer (EBT) card in exchange for cash, firearms, ammunition, explosives or drugs, or to purchase food for individuals who are not members of the SNAP household.

If you get more SNAP benefits than you should have (overpayment), you must pay them back. If your case is active, we will take back the amount of the overpayment from future SNAP benefits that you get. If your case is closed, you may pay back the overpayment through any unused SNAP benefits remaining in your account, or you may pay by cash.

If you have an overpayment that is not paid back, it will be referred for collection, including automated collection by the federal government. Federal benefits (such as Social Security) and tax refunds that you are entitled to receive may be taken to pay back the overpayment. The debt will also be subject to processing charges.

Any SNAP benefits expunged from your EBT account will be used to reduce current overpayments. If you apply for SNAP again, and have not repaid the amount you owe, your SNAP benefits will be reduced if you begin to get them again. You will be notified, at that time, of the amount of reduced benefits you will get.

CONSENT – I understand that by signing this application form I agree to any investigation made by the New York State Office of Temporary and Disability Assistance or my local social services district to verify or confirm the information I have given or any other investigation made by them in connection with my request for SNAP benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP Quality Control Review.

I understand that by signing this application/certification, I consent to an investigation to verify or confirm the information I have given and other investigation by any authorized government agency in connection with Home Energy Assistance Program (HEAP) benefits. I also consent to allow the information provided on this application to be used in referrals to available weatherization assistance programs and my utility company's low income programs. I understand that the State will use my Social Security Number to verify with my home energy vendors the receipt of HEAP. This authorization also includes permission for any of my home energy vendors (including my utility) to release certain statistical information, including but not limited to, my annual electricity usage, electricity cost, fuel consumption, fuel type, annual fuel cost and payment history to the Office of Temporary and Disability Assistance and the local Social Services District and the United States Department of Health and Human Services for the purposes of Low Income Home Energy Assistance Program (LIHEAP) performance measurement.

CONSENT FOR RELEASE OF CONFIDENTIAL UNEMPLOYMENT INSURANCE (UI) INFORMATION – I authorize the New York State Department of Labor (DOL) to release any confidential information, maintained by DOL for Unemployment Insurance (UI) purposes, to the New York State Office of Temporary and Disability Assistance (OTDA). This information includes UI benefit claims and wage records. I understand that OTDA, along with State and local agency employees working in local social services district offices, will use the UI information for establishing or verifying eligibility for, and the amount of SNAP applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

RELEASE OF INFORMATION TO SERVICE PROVIDERS - I give permission to the social services district and New York State to share information regarding Supplemental Nutrition Assistance Program benefits that I or any member of my household for whom I can legally give authorization have received, for purposes of verifying my eligibility for services and payment related to program administration provided by a State or local contractor. Such services may include, but are not limited to, job placement or training services provided to help me or my household members obtain and retain employment.

SUA (STANDARD UTILITY ALLOWANCE) INFORMATION – I understand that SNAP recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I have not received a HEAP benefit of greater than $20 in the current month or previous 12 months, or other similar energy assistance program benefits, I must pay separately for a heating, air conditioning or utility expense in order to receive a Standard Utility Allowance.

CHANGES – I agree to inform the agency promptly of any change in my needs, income, property, living arrangement, able-bodied adult without dependents (ABAWD) status including if my hours of work fall below 80 hours per month, pregnancy status or address to the best of my knowledge or belief in accordance with my reporting requirements.

REQUIREMENT TO REPORT/VERIFY HOUSEHOLD EXPENSES – I understand that my household must report child care and utility expenses in order to get a SNAP deduction for these expenses. I further understand that my household must report and verify rent/mortgage payments, property taxes, insurance, medical expenses and child support paid to a non-household member in order to get a SNAP deduction for these expenses. I understand that failure to report/verify the above expenses will be seen as a statement by my household that I/we do not want to receive a deduction for those unreported/unverified expenses. A deduction for these expenses may make me eligible for SNAP or may increase my SNAP benefits. I understand that I may report/verify these expenses at any time in the future. This deduction would then be applied to the calculation of SNAP in future months in accordance with the rules for change reporting and processing changes.

In applying for SNAP, I understand that the social services district will request and use information available through the Income and Eligibility Verification System to investigate my application, and may verify this information through collateral contacts if discrepancies are found. I also understand that such information may affect my eligibility for SNAP and/or level of SNAP benefits I receive.

PRIVACY ACT STATEMENT – COLLECTION AND USE OF SOCIAL SECURITY NUMBER (SSN) – The collection of SSN's is authorized for each household member with respect to SNAP pursuant to the Food and Nutrition Act of 2008. The information we collect will be used to determine whether your household is eligible or continues to be eligible for assistance or benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. The information will be used to check identity and to verify earned and unearned income.

If a SNAP claim arises against your household, the information on this application, including all SSN's, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Anyone applying for SNAP must provide a SSN. SSN's of ineligible members will also be used and disclosed in the manner above. If you or anyone applying/recertifying does not have a SSN, a SSN must be applied for with the Social Security Administration (SSA.gov).

Besides using the information, you give us in this way, the State also uses the information to prepare statistics about all the people receiving benefits from the Home Energy Assistance Program. The information is used for quality control by the State to make sure local districts are doing the best job they can. It is used to verify who your energy supplier is and to make certain payments to such vendors.

CITIZENSHIP/IMMIGRATION STATUS– I swear and/or affirm under penalty of perjury that the information I have provided about the citizenship and immigration status of myself and everyone living with me is true and correct. I understand that any information I provide to verify the immigration status of anyone applying for SNAP may be checked for authenticity with the United States Citizenship and Immigration Services.

For SNAP, citizenship must be documented only if questionable.

READ THE IMPORTANT INFORMATION BELOW *(cont'd)*

AUTHORIZED REPRESENTATIVE – You can authorize someone who knows your household circumstances to **apply** for SNAP for you. You can also authorize someone outside your household to get SNAP benefits for you and to use them to buy food for you. If you would like to authorize someone, you must do so in writing. You may do so by printing the person's name, address and phone number below. When an Authorized Representative is applying on behalf of a SNAP household that does not reside in an institution, **both** the Authorized Representative and a responsible adult member of the SNAP household must sign and date the signature sections at the bottom of this page, unless the Authorized Representative has been otherwise designated by the household in writing.

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IF YOU WOULD LIKE TO AUTHORIZE SOMEONE, PRINT THE PERSON'S NAME, ADDRESS AND TELEPHONE NUMBER, AND SIGN BELOW.

Name _____ Address _____ Phone _____

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct. Your signature is required below to complete the application process.

APPLICANT SIGNATURE (or Responsible Adult Household Member) X	DATE SIGNED 03/26/2025 11
Authorized Representative SIGNATURE X	DATE SIGNED

IF YOU HELPED COMPLETE THIS APPLICATION / RECERTIFICATION FOR SOMEONE ELSE, PRINT YOUR NAME AND ADDRESS HERE. YOU MAY ALSO VOLUNTARILY PRINT YOUR TELEPHONE NUMBER.

Name _____ Address _____ Phone _____

Use this area for additional information:

Who: _____*Explanation:*

Who: _____*Explanation:*

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Who: _____*Explanation:*

I CONSENT TO WITHDRAW MY APPLICATION/RECERTIFICATION. I understand that I may reapply at any time.

SIGNATURE 

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DATE 03/26/2025

For Agency Use Only

Eligibility Determined by _____ Date _____

Signature of Person Who Obtained Eligibility Information: _____ Date _____

Reason ____/____/_____ ☐ Withdrawal ☐ Denial ☐ Recert. Closing

Eligibility Approved by _____ Date _____

SNAP Authorization Period: From _____ To _____

☐ IN-PERSON INTERVIEW ☐ TELEPHONE INTERVIEW

Comments:

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- ☐ **NO** because I choose not to register ***OR***
- ☐ I am already registered at my current address ***OR***
- ☐ I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date / /

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

Rev. 2/2015

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day worker

1	**Are you a U.S. citizen?** ☐ **YES** ☒ **NO** If you answered **NO**, do not complete this form	2	**Will you be 18 years old on or before election day?** ☒ **YES** ☐ **NO** If you answered **NO**, do not complete this form unless you will be 18 by the end of the year	**For Board Use Only**
3	Last Name	First Name	Middle Initial	Suffix
4	Address where you live (do not give P.O. box)	Apt. No.	City/Town/Village	Zip Code / County
5	Address where you get your mail (if different than above)	P.O. Box, Star Route, etc.	Post Office	Zip Code
6	Date of Birth	7 Sex ☐ **M** ☐ **F**	8 Telephone (optional)	Email (optional)
10	The last year you voted / In county/state	Your address was (give house number, street and city) / Under the name (if different from your name now)	9	**ID Number** (Check the applicable box and provide your number) ☐ New York State DMV number — — — — — — — — — ☐ Last four digits of your Social Security number — — — — ☐ I do not have a New York State DMV or Social Security number

11 Political Party

I wish to enroll in a political party

- ☐ Democratic party
- ☐ Republican party
- ☐ Conservative party
- ☐ Green party
- ☐ Working Families party
- ☐ Independence party
- ☐ Women's Equality party
- ☐ Reform party
- ☐ Other _____

I do not wish to enroll in a political party

- ☐ No party

12 Affidavit: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I will meet all requirements to register to vote in New York State.
- This is my signature or mark on the line below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.

Signature or Mark in ink _____ Date / /

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number / City/Town/Village		Zip Code
Birth Date	Sex ☐ M ☐ F	
Eye Color	Height Ft. In.	

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

DONATE LIFE New York State

Signature _____ Date / /

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.