



# SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) APPLICATION/RECERTIFICATION



***SNAP is the new name for the Food Stamp Program***

***Use this form if Applying For SNAP Only***

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.

*This application can only be used to apply for SNAP.*

## **When You Are Applying For SNAP**

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the filing date of your application.
- You can file your application before you have an interview.
- 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. However, the application process, including the interview and a signature on page 5 of the application/recertification must be completed for us to determine your eligibility.
- 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 qualified to receive SNAP within 5 calendar days after the date that you apply. Your worker will always review your circumstances to see if you are qualified for expedited processing of your SNAP application. A process is in place to issue SNAP benefits to all eligible households who meet the standards for expedited service.

## **Where You Can Apply For SNAP**

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

If you live in **New York City** and you are **not** also applying for Temporary Assistance, 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**, **or apply on-line at myBenefits.ny.gov.**

## **Having Problems Coming To Us For A SNAP Appointment?**

If it is difficult for you to come in for a SNAP application appointment (reasons may include employment, health issues, transportation or child care problems), you may have someone else apply for you, or you may apply on-line at myBenefits.ny.gov. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

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.**

## 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	Lifeline	<input type="checkbox"/> Apply <input type="checkbox"/> Recertify	Lang
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Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Other phone where you can be reached: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Apt.# \_\_\_\_\_ City 1, NY Zip Code \_\_\_\_\_

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

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

L N	First Name	M I	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?		Relationship to you	Do you buy and/ or prepare food with this person?		Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*								
								Yes	No		Yes	No	Yes	No	I	A	B	P	W	U			
1								✓		self	✓												
2																							
3																							
4																							
5																							
6																							
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, **U** – Unknown (**MA Only**)

Are you and is everyone living with you a US citizen? ☐ Yes ☐ No If No, who is not a citizen? \_\_\_\_\_

Has a court issued a warrant because it found that you or anyone living with you is fleeing to avoid prosecution, custody or confinement for a felony or an attempted felony? ☐ Yes ☐ No

Are you or is anyone living with you in violation of probation or parole according to a court? ☐ Yes ☐ No

Have you or has anyone living with you ever been disqualified from receiving SNAP because of fraud or intentional program violation? ☐ Yes ☐ No

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 blind, disabled or pregnant? ☐ Yes ☐ No If Yes, who \_\_\_\_\_

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 the Page 6 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 the page 6 if you need more room or there is other information that you think we might need.**

**Go to Page 2**

**INCOME**

List **ALL** your income and the income of anyone living with you. This includes, but is not limited to **wages, income from self-employment (for example: babysitting, cleaning, income from a roomer or boarder) child support, pensions, veterans benefits, disability, social security or SSI, grant for 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

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 6.

Do you or does anyone living with you receive a Personal Needs Allowance (PNA) or a Meal Allowance? ☐ Yes ☐ No If Yes, who \_\_\_\_\_.

Have you or has anyone in your household set aside any income under "PASS: Plan To Achieve Self Support" approved by the Social Security Administration?

☐ Yes ☐ No If Yes, who \_\_\_\_\_.

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

**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 \_\_\_\_\_

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

**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 \$ \_\_\_\_\_ Tax on home per year \$ \_\_\_\_\_ Insurance on home per year \$ \_\_\_\_\_

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

Heat Co. Name \_\_\_\_\_ Heat Co. Acct. No. \_\_\_\_\_

**You may use the page 6 if you need more room or there is other information that you think we might need.**

**Go to Page 3**

## LIVING ARRANGEMENTS AND EXPENSES (Cont'd)

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, washer/dryer fees, 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?* \_\_\_\_\_

Do you or does anyone living with you pay court-ordered 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, blind/disabled or at least age 60? If so, does such person have medical bills? ☐ Yes ☐ No *If yes, list on the page 6 what they are for, how much and who is responsible for payment.*

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

Are you, and/or anyone living with you (*16 years old or older*) enrolled in school or training? ☐ Yes ☐ No *If yes, who* \_\_\_\_\_ *where* \_\_\_\_\_

**You may use the page 6 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 for knowingly providing incorrect information.

You will **never** be able to get SNAP again if you are found guilty in a court of law for the second time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for SNAP; **or** found guilty in a court of trafficking in SNAP worth \$500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of SNAP, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get SNAP for two years if you are found guilty in a court of law for the first time of buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP.

If you have committed your: ■ First IPV, you will not be able to get SNAP for one year. ■ Second IPV, you will not be able to get SNAP for two years.

A court could also bar you from receiving SNAP for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple SNAP benefits, you will not be able to get SNAP for ten years (or **permanently** if this is the third IPV).

You may be found guilty of an IPV if you make a false or misleading statement, or misrepresent, conceal or withhold facts; **or** commit any 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.

You could also be fined up to \$250,000, sent to jail for up to 20 years, or both.

Anyone who is fleeing to avoid prosecution, custody or confinement for a felony, or who is violating a condition of probation or parole, is not eligible to receive SNAP.

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 cash.

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

If you have an overpayment that is not paid back, it will be referred for collection in a number of ways, 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 expunged SNAP benefits will be put towards your overpayment. 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. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a SNAP Quality Control Review.

**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, TA, MA, or FS benefits applied for in this application and for investigations to determine whether I received benefits to which I was not entitled.

**SUA (STANDARD UTILITY ALLOWANCE) INFORMATION** – I understand that SNAP recipients are categorically income eligible for the Home Energy Assistance Program (HEAP). If I am not included in the annual automatic HEAP payment process for certain SNAP recipients, my household intends to apply for a HEAP benefit within the next 12 months. If I decide not to apply for HEAP within the next 12 months, I will let my worker know.

**TELEPHONE ALLOWANCE INFORMATION** – I understand that SNAP recipients are eligible for a telephone allowance if they pay to use a home phone, cell phone, phone, phone calling card or coin operated pay phone. If I do not have any cost to make phone calls, I will let my worker know.

**CHANGES** – I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangement, 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.

**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 Stamp Act of 1977 (as amended, 7 US Code 2011-2036). The information we collect will be used to determine whether your household is eligible or continues to be eligible for 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. The information will be used to check identity, to verify earned and unearned income, and to determine if applicants or recipients can receive money or other help. The information may be disclosed to State and Federal agencies for official examination and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you or anyone applying/recertifying does not have an SSN, a SSN must be applied for at the Social Security Agency.

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

**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 my self 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.

**NON-DISCRIMINATION NOTICE** – In accordance with Federal Law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political belief, or disability. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**LIFELINE: For applicants/recipients of SNAP:** The Office of Temporary and Disability Assistance may or may not release your name and address to your telephone service provider. Your telephone service provider may or may not use this information to enroll you in their Lifeline Service for a discounted telephone rate.

**If you *do not* want this information released, check this box** ☐

You may contact your telephone service provider directly for enrollment in the discounted rate Lifeline Service.

Medicaid-**only** applicants/recipients must contact their telephone service provider directly for enrollment in the discounted rate Lifeline Service.

**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 the SNAP Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

**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  X	DATE SIGNED  10
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:

Who: \_\_\_\_\_ Explanation:

11

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

SIGNATURE

DATE

12

***For Agency Use Only***

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Who Obtained Eligibility Information: \_\_\_\_\_ Date \_\_\_\_\_

Employed by: ☐ Social Services District ☐ Provider Agency

(Specify) \_\_\_\_\_

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 check yes, please complete VOTER REGISTRATION APPLICATION at bottom of page)

☐ 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：如果你有興趣索取本中文資料表格，請電 1 - 800 - 367-8683

한국어: 한국어 양식을 원하시면  
1-800-367-8683 으로 전화하십시오.

## VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/2011)

☐ 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

<b>1</b>	Are you a U. S. citizen?		<b>2</b>	Will you be 18 years old on or before election day?		<b>For Board use only!</b>
	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you answered NO, do not complete this form.		If you answered NO, do not complete this form unless you will be 18 by the end of the year.				
<b>3</b>	Last Name	First Name	Middle Initial	Suffix		
<b>4</b>	Address where you live (do not give P.O. address)		Apt. No.	City/Town/Village	Zip Code	County
<b>5</b>	Address where you get your mail (if different from above)		P.O. Box, star route, etc.	Post Office	Zip Code	
<b>6</b>	Date of Birth	<b>7</b>	Sex (circle) M F	<b>8</b>	Home Tel. Number (optional)	<b>9</b> ID Number—Check the applicable box and provide your number: <input type="checkbox"/> New York DMV number _____ If you do not have a New York DMV number, please provide: <input type="checkbox"/> Last four digits of your Social Security Number _____ <input type="checkbox"/> I do not have a New York Driver's license number
<b>10</b>	The last year you voted	Your Address was (give house number, street and city)				
	In county/state	Under the Name (if different from your name now)				
<b>11</b>	<b>Choose a party -- Check one box only</b> <input type="checkbox"/> Democratic Party <input type="checkbox"/> Republican Party <input type="checkbox"/> Conservative Party <input type="checkbox"/> Working Families Party <input type="checkbox"/> Independence Party <input type="checkbox"/> Green Party <input type="checkbox"/> Other (write in) _____ <input type="checkbox"/> I do not wish to enroll in a party			<b>12</b>	<b>AFFIDAVIT:</b> 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 \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City \_\_\_\_\_  
 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.



Sign

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:

New York State Board of Elections, 40 Steuben Street,  
Albany, New York 12207-2109  
Telephone: 1-800-469-6872;  
TDD/TTY users contact the New York State Relay at 711;  
or visit our web site - [www.elections.state.ny.us](http://www.elections.state.ny.us)

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.

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## 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, pay-check, 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. To vote in a primary election, you must be enrolled in one of these listed parties — Except the Independence Party, which permits non-enrolled voters to participate in certain primary elections.

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