

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 |
|------------------|----------------|---------------|------|--------|-----------|-------------|-----------------|---------|----------|---|------|

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 | | |
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*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.

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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 |
|---------------------------------|------------------|------------------------|--|---|
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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.

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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)

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 _____

NEW YORK STATE

Real ID
Department of Motor Vehicles



KNIGHT
FREDDIE

105-51 134 ST

S RICHMOND HILL NY 11419

DOB: 10-09-63

SEX: M EYES: BR HT: 5-07

~~E~~ NONE

~~R~~ NONE

ISSUED: 10-08-10

EXPIRES: 10-08-14

WSCS

IDENTIFICATION CARD

ID: 174 423 530 CLASS ID

Freddie Knight

SOCIAL SECURITY

083-58-6957

THIS NUMBER HAS BEEN ESTABLISHED FOR

FREDDIE KNIGHT

Freddie Knight

SIGNATURE