NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOOD STAMP BENEFITS APPLICATION/RECERTIFICATION

Use this form if Applying For Food Stamp Benefits Only

If you are only applying for Food Stamp Benefits 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 Food Stamp Benefits.

When You Are Applying For Food Stamps Benefits

- 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, must be completed and we must interview you for us to determine your eligibility.
- You can apply for and get Food Stamp Benefits 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 Food Stamp Benefits for their children and receive benefits for their eligible children.
- You can still apply and be eligible for Food Stamp Benefits even if you have reached your Temporary Assistance time limits.

Need Food Stamp Benefits Right Away?

You May Be Eligible For Expedited Processing of your Food Stamp Benefits 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 Food Stamp Benefits within 5 calendar days after the date that you apply for benefits. Your worker will always review your circumstances to see if you are qualified for expedited processing of your Food Stamp Benefits application. A process is in place to issue Food Stamp Benefits to all eligible households who meet the standards for expedited service.

Where You Can Apply For Food Stamp Benefits

If you live **outside of** New York City, call or visit your local department of social services 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**.

If you live in **New York City** and you are **not** also applying for Temporary Assistance, call or visit any Food Stamp Benefits Office and ask for an application package. You can get the address and phone number by calling **1-877-472-8411** or toll free **1-800-342-3009.**

Having Problems Coming To Us For A Food Stamp Benefits Appointment?

If it is difficult for you to come in for a Food Stamp Benefits application appointment (reasons may include employment, health issues, or child care problems), you may have someone else apply for you. You also can mail us your application or drop it off and, in some circumstances; we can interview you by telephone.

Please contact your local department of social services 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

FOOD STAMP BENEFITS APPLICATION / RECERTIFICATION

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

Name: _____ Telephone Number: _____ Other phone where you can be reached: _____

Residence Address: _____ Apt.# ____ City _____, NY Zip Code _____

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

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

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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

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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?		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																				

3

*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 Food Stamp Benefits because of fraud or intentional program violation? ☐ Yes ☐ No

Are you or is anyone in your household applying for or receiving Food Stamp Benefits 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 Food Stamp Benefits, 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).*

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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, Public 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* _____ .

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RESOURCES

Resources do not affect the eligibility of most households applying for Food Stamp Benefits. 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* _____

6

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 Food Stamp Benefits? ☐ 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. _____

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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?* _____ .

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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 spendown? ☐ 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

FOOD STAMP BENEFITS (FS) PENALTY WARNING – Any information you provide in connection with your application for FS will be subject to verification by Federal, State and local officials. If any information is incorrect, you may be denied FS. You may be subject to criminal prosecution for knowingly providing incorrect information.

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You will **never** be able to get FS 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 FS; **or** found guilty in a court of law of selling or getting firearms, ammunition or explosives in exchange for FS; **or** found guilty in a court of trafficking in FS worth $500 or more. Trafficking includes the illegal use, transfer, acquisition, alteration or possession of FS, authorization cards or access devices; **or** found guilty of committing a third Intentional Program Violation (IPV).

You will not be able to get FS 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 FS.

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

A court could also bar you from receiving Food Stamp Benefits for an additional 18 months. If you make a false statement about who you are or where you live in order to get multiple FS, you will not be able to get FS 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 coupons, 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 Food Stamp Benefits.

If you get more Food Stamp 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 Food Stamp Benefits that you get. If your case is closed, you may pay back the overpayment through any unused Food Stamp 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 Food Stamp Benefits will be put towards your overpayment. If you apply for Food Stamp Benefits again, and have not repaid the amount you owe, your Food Stamp 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 Food Stamp Benefits. If additional information is requested, I will provide it. I will also cooperate with State and Federal personnel in a Food Stamp Benefits 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 Food Stamp Benefits (FS) 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 FS 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 Food Stamp Benefits 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 Food Stamp Benefits (FS) 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 FS 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 FS or may increase my FS. 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 FS 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 Food Stamp Benefits 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 Food Stamp Benefits may be checked for authenticity with the United States Citizenship and Immigration Services.

***For the Food Stamp Benefits Program*,** 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.

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LIFELINE: For applicants/recipients of Food Stamp Benefits: 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 Food Stamp Benefits (FS) for you. You can also authorize someone outside your household to get FS 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 Food Stamp Benefits Household that does not reside in an institution, both the Authorized Representative and the Food Stamp Benefits Head of Household or other responsible adult member of the household must sign and date the signature sections at the bottom of this page.

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

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:*

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Who: _____ *Explanation:*

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

SIGNATURE	DATE

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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 _____

FS Authorization Period: From _____ To _____

☐ **IN-PERSON INTERVIEW** ☐ **TELEPHONE INTERVIEW**

Comments:

NYS Agency-Based Voter Registration Form

ESTE FORMULARIO ESTÁ DISPONIBLE EN ESPAÑOL

本表格有中文文本

"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)

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!

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.

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

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.

VOTER REGISTRATION FORM

VOTER REGISTRATION APPLICATION (instructions on back)

NVRA-05 (01/07)

☐ 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. address) | Apt. No. | City/Town/Village | Zip Code | County

5 Address where you get your mail (if different from above) | P.O. Box, star route, etc. | Post Office | Zip Code

6 Date of Birth

7 Sex (circle) M F

8 Home Tel. Number (optional)

9 ID Number - Check the applicable box and provide your number
☐ New York DMV number __ __ __ __ __ __ __ __ __
If you do not have a New York DMV number, please provide:
☐ Last four digits of your Social Security Number __ __ __ __
☐ I do not have a New York Driver's license number or a Social Security Number

10 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)

11 **Choose a party** -- Check one box only
☐ DEMOCRATIC PARTY
☐ REPUBLICAN PARTY
☐ INDEPENDENCE PARTY
☐ CONSERVATIVE PARTY
☐ WORKING FAMILIES PARTY
☐ OTHER (write in) _____
☐ I DO NOT WISH TO ENROLL IN A PARTY

Please note: In order to vote in a **primary election**, you must be enrolled in one of these parties. *See reverse

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 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)

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

TO COMPLETE THIS FORM:

Box 1: **Must be completed. If you answer NO, do not complete this form.**

Box 2**: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.**

Box 4**: Give your home address.**

Box 5**: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.).**

Box 8**: The completion of this box is optional.**

Box 9**: Must be completed. If you have a current New York driver's license, you must provide that number. If you do not have a current New York driver's license, you must provide the last four digits of your social security number.**

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**: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only. (*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.)**

Box 12**: This application must be signed and dated in ink.**