



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #05-42-OPE

REVISIONS TO FORM W-127N/P

Date: February 25, 2005	Subtopic(s): Forms
<input checked="" type="checkbox"/> This procedure can now be accessed on the FIAweb.	<p>The purpose of this policy bulletin is to inform Non-Public Assistance staff that the Important Notice to Food Stamp Applicants/Participants (W-127N/P) has been revised as follows:</p> <ul style="list-style-type: none">• "LLF" notation has been added to the header of the form to indicate that it is required to be translated into six additional languages under Local Law 73.• The form has been titled: "Important Notice to Food Stamp Applicants/Participants."• The English and Spanish versions have been separated to create two single forms from the original "face/reverse" version. This separation accommodates requirements for multilingual forms.• Question five was changed from "What language do you speak?" to "What is your primary language?"• Question eight was changed from "Are you a secondary tenant?" to "What is your monthly shelter cost?"• Question nine was changed from "Do you have a room air conditioner installed in your living quarters?" to "Do you live in either public or subsidized housing where heat is included in your rent?" and "If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning?"• The second sentence in question 10 (previously question eight) was changed from "That is, are you sharing living quarters with a primary tenant to whom you pay rent?" to "A secondary tenant is a person that is sharing living quarters with a primary tenant to whom he/she pays rent."

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

- Question 11 was changed from "Do you receive electric or gas bills from a utility company?" to "If you pay rent, provide the name, address and telephone number of your landlord."
- The previous question 11 "Do you receive electric or gas bills from a utility company?" is now question 12.
- Applicant/participant signature and date lines have been added to the form.
- The notation "Mail Job #032" was added to the lower right of this form to indicate it is mailed out by the Management Information System for recertification of Supplemental Security Income and homebound participants.

Site Managers must ensure that all previous versions of form **W-127N/P** are recycled.

Effective Immediately

☒ Please use Print on Demand to obtain copies of forms.

Attachments:

- W-127N/P** Important Notice to Food Stamp Applicants/Participants (Rev. 2/25/05)
- W-127N/P (S)** Important Notice to Food Stamp Applicants/Participants (Spanish) (2/25/05)



Important Notice to Food Stamp Applicants/Participants
IMPORTANT – Please Read and Complete This Form

The shelter allowance expenses we include when budgeting your case can greatly affect the amount of Food Stamp benefits you receive. **To make sure you receive the full amount of benefits, please answer the questions below and return this form with your application.**

1. Your name: _____
2. Are you homebound? Yes No
3. What is your address? _____
4. What is your telephone number? _____
5. What is your primary language? English Spanish Chinese Haitian Creole Russian
 Arabic Korean Other: _____
6. Is there anyone we can contact to help you and us complete the application? Yes No
If Yes, what is his/her name and telephone number? _____
7. The type of housing you live in (check one):
- | | |
|--|--|
| <input type="checkbox"/> New York City Housing Authority | <input type="checkbox"/> Single Room Occupancy (SRO) building (rooming house) |
| <input type="checkbox"/> Shelter for the homeless | <input type="checkbox"/> Apartment building, multifamily house, co-op or condominium |
| <input type="checkbox"/> Single-family house | <input type="checkbox"/> Other (specify): _____ |
8. What is your monthly shelter cost? (i.e., rent or mortgage payments) \$ _____
9. Do you live in either public or subsidized housing where heat is included in your rent? Yes No
If you do live in either public or subsidized housing where heat is included in your rent, do you pay your landlord a monthly excess charge just for air conditioning? Yes No
(If you answered "Yes" to this question and you began paying this excess charge within the last two years, please attach proof of this expense, such as a landlord's statement, receipt or canceled check or money order.)
10. Are you a secondary tenant? A secondary tenant is a person that is sharing living quarters with a primary tenant to whom he/she pays rent. Yes No
If Yes, do you pay a share of the gas or electric bill, either as a separate payment or as part of the rent? Yes No
Does the person to whom you pay rent provide you with two or more meals per day? Yes No
11. If you pay rent, provide the name, address and telephone number of your landlord: _____
12. Do you receive electric or gas bills from a utility company? Yes No

Applicant/Participant Signature

Date

Please enclose a copy of your rent receipt, mortgage statement or letter from the person to whom you pay rent, and your gas, electric and telephone bills.

Mail Job #032

Aviso Importante a Solicitantes/Participantes de Cupones para Alimentos

IMPORTANTE – Por Favor Lea y Llene Este Formulario

La cantidad que incluimos en su presupuesto para alquiler afecta mucho el beneficio de cupones para alimentos que usted recibe. Para asegurarse de recibir la cantidad completa del beneficio, conteste las preguntas más abajo y devuélvanos este formulario adjunto a su solicitud.

1. Su nombre y apellido: _____

2. ¿Está usted confinado a su hogar? Sí No

3. ¿Cuál es su dirección? _____

4. ¿Cuál es su número de teléfono? _____

5. ¿Cuál es su idioma principal? inglés español chino creol haitiano ruso
 arabigo coreano otro idioma: _____

6. ¿Hay alguna persona que podamos contactar para ayudarle a usted y a nosotros a llenar la solicitud? Sí No
Si contesta "Sí", ¿cuál es el nombre y teléfono de esa persona? _____

7. Tipo de vivienda en donde reside usted (marque una casilla):

- | | |
|---|--|
| <input type="checkbox"/> Autoridad de Viviendas de Nueva York
(New York Housing Authority) | <input type="checkbox"/> Edificio de habitaciones individuales
(Single Room Occupancy – SRO) (pensión para huéspedes) |
| <input type="checkbox"/> Refugio para personas
desamparadas | <input type="checkbox"/> Edificio de apartamentos, casa multifamiliar,
cooperativa de vecinos o condominio |
| <input type="checkbox"/> Casa de una sola familia | <input type="checkbox"/> Otro (especifique): _____ |

8. ¿Cuál es la cantidad de su costo de albergue mensual? (esto es, pagos de alquiler o hipoteca)? \$ _____

9. ¿Vive usted en una vivienda pública o subsidiada en que la calefacción está incluida en el alquiler? Sí No

Si contesta "Sí", ¿paga usted a su casero una sobrecarga mensual para cubrir sólo para aire acondicionado? Sí No

(Si contesta "Sí" a esta pregunta y usted comenzó a pagar este sobrecargo dentro de los últimos dos años, por favor adjunte prueba de este gasto, como una declaración por parte del casero, recibo o cheque cancelado o giro postal.)

10. ¿Es usted un inquilino secundario? Un inquilino secundario es una persona que comparte una vivienda con un inquilino principal a quien él/ella le paga alquiler. Sí No

Si contesta "Sí", ¿paga usted una parte de la factura del gas o electricidad, ya sea como parte del alquiler o pago separado? Sí No

¿Recibe usted dos o más comidas al día por parte de la persona a la que usted le paga alquiler? Sí No

11. Si usted paga alquiler, indique el nombre, dirección y teléfono de su casero:

12. ¿Recibe usted facturas de una compañía de gas o electricidad? Sí No

Firma del Solicitante/Participante _____

Fecha _____

Por favor incluya una copia de su recibo de alquiler, factura de hipoteca o una carta escrita por la persona a quien usted le paga alquiler, y facturas de gas, electricidad y teléfono.