



**OFFICE OF POLICY, PROCEDURES, AND TRAINING**

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**POLICY BULLETIN #21-13-OPE**

**INTRODUCTION OF THE NON-CASH ASSISTANCE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (NCA SNAP) SIMPLIFIED APPLICATION/RE-CERTIFICATION KIT FORMS (M-90H)**

<p><b>Date:</b> March 10, 2021</p>	<p><b>Subtopic(s):</b> Forms</p>
<p>Further information about the ESAP will be provided at a later date</p> <p>Refer to CD #21-01 for information about unsigned SNAP application/recertification forms during COVID-19</p>	<p>The purpose of this policy bulletin is to inform all Non-Cash Assistance Supplemental Nutrition Assistance Program (SNAP) Center staff of the newly created NCA SNAP Simplified Application/Recertification Kit Forms (<b>M-90H</b>).</p> <p>In October 2020, the Office of Temporary and Disability Assistance (OTDA) released a new SNAP only form the <b>LDSS-5166</b>: “Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits”.</p> <p>This form is designed to be used by households in which all adults are 60 years of age or older, or have a disability, and in which no adult has earned income. The <b>LDSS-5166</b> will be the application and recertification form routinely used for the Elderly Simplified Application Project (ESAP) when the ESAP is launched later in 2021.</p> <p>However, a submission of the <b>LDSS-5166</b> by any SNAP household is to be considered a valid submission, as long as it contains a name, address (if the household has one), and signature. NCA SNAP staff must continue to process the <b>LDSS-5166</b> in the same manner that they would a traditional SNAP Application/Recertification form (<b>LDSS-4826</b>) submission.</p> <p><b>Note:</b> The <b>LDSS-5166</b> may not be used to apply for Cash Assistance (CA) benefits.</p>

Have Questions About This Procedure?  
Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Automated Kits

The **M-90H** has been created to list the forms that must be included in all NCA SNAP Simplified Application/Recertification kits. The **M-90H** specifies which forms are available in languages other than English. Staff must include the appropriate foreign language version of forms in the NCA SNAP Simplified Application/Recertification Kit based on the applicant/participant's preferred reading language.

The new kit is available for automatic generation as the "SNAP 60+/Disability and No Earned Income" kit, including for DSS Infoline staff when systemically requesting a kit be generated and mailed using the PikPak application.

Effective Immediately

**Reference:**

[20-ADM-14](#)

**Attachments:**

- |                  |   |
|------------------|---|
| <b>M-90H</b>     | NCA SNAP Simplified Application/Recertification Kit Forms                                 |
| <b>LDSS-5166</b> | Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits |



**Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP)  
Simplified Application/Recertification Kit Forms  
(All Adults 60+ [or Have a Disability] and No Earned Income)**

Forms included in the NCA SNAP Simplified Application/Recertification Kit:

Item	Title	Form Number	Agency
1	Domestic Violence Palm Card	<a href="#">LDSS-4583A**</a>	State
2	Supplemental Nutrition Assistance Program (SNAP) Application/Recertification (Simplified)	<a href="#">LDSS-5166*</a>	State
3	How To Use Your Benefit Card To Get Supplemental Nutrition Assistance Program (SNAP) and/or Cash Benefits	<a href="#">LDSS-5004*</a>	State
4	Notice of Free Interpretation Services	<a href="#">DSS-4 ***</a>	DSS
5	Supplemental Nutrition Assistance Program (SNAP) Documentation Guide	<a href="#">W-129G ‡</a>	FIA
6	Services for Victims of Sexual Assault	<a href="#">W-131 ‡</a>	FIA
7	Language Questionnaire	<a href="#">W-680FF ‡</a>	FIA
8	Do you have a disability?	<a href="#">FLY-972 ‡</a>	HRA
9	DSS Non-Discrimination Flyer	<a href="#">FLY-997***</a>	DSS
10	Instructions for Submitting Your Paper Supplemental Nutrition Assistance Program Application or Recertification Form	<a href="#">FIA-1238 ‡</a>	FIA

\* Denotes State forms that are available in the mandated Local Law 73 languages. NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.

\*\* Available in English and Spanish only.

\*\*\* Multiple languages are contained on one form.

‡ Denotes forms that are available in the mandated Local Law 30 languages. NCA SNAP Center staff must include the appropriate foreign language version of the forms in the foreign language version of the NCA SNAP Application/Recertification Kit.

# Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

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.

## *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 2 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.

## *When You Are Recertifying For SNAP*

- You must submit the signed and completed recertification application.

Remember to sign your application.

***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 7 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 online at [myBenefits.ny.gov](http://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 at 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 are NOT also applying for Temporary Assistance, you can apply online at Access HRA, 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**.

**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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider. **Do not mail your application to this address.**

**Remember to sign your application.**

# Application/Recertification for Supplemental Nutrition Assistance Program (SNAP) Benefits

## Application Information

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name (last, first, MI): \_\_\_\_\_

Daytime Phone Number(s) (with area code): \_\_\_\_\_

Home Address (Street, Apt #): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**Your Ethnicity/Race:** This information is collected to ensure that everyone is treated fairly. Your answer is voluntary, and it will not affect your eligibility or benefit amount.

**Ethnicity:** Hispanic or Latino?  Yes  No

**Race:** (check all that apply)

- American Indian or Alaska Native  Asian  Black or African American
- Native Hawaiian or Other Pacific Islander  White

**Spoken Language:** Please tell us the language that you speak

Are you a U.S. citizen:  Yes  No

Are you a resident of New York State?  Yes  No **Which County do you live in?** \_\_\_\_\_

**Do you have a special situation?** (Check all that apply to you.)

- Physical/Mental Impairment  Hearing Impaired  Visually Impaired
- Interpreter Required  Sign Language Required  Other: \_\_\_\_\_

Did someone help you complete this form?  Yes  No

Name of person assisting you: \_\_\_\_\_

Their phone number with area code: \_\_\_\_\_

## Household Information:

List the people who live with you:

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Name (last, first, MI): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Gender Identity (optional):  Male  Female  Non-Binary  X  Transgender

Different Identity: \_\_\_\_\_

Do you or anyone else in your house receive any of the following types of income?			
Type of Income	Amount of Income	Frequency of Income	Name of Person Who Receives Income
Social Security			
SSI			
Pension			
Veteran's Benefits			
Workers' Compensation			
Wages			
Other			

Do you pay for dependent care expenses?  Yes  No

Do you pay for any other medical expenses such as prescriptions, over-the-counter medications, diabetic supplies, eyeglasses, dental expenses, hearing aid, etc.?  Yes  No

How much do you pay for your rent or mortgage each month? \$ \_\_\_\_\_

Do you pay for any of the following:

- I pay to heat my home (oil, gas, electricity or propane, etc.) or share heating costs with others.  Yes  No
- I have an air conditioner that I use in the summer, and I pay for electricity or share the cost with others.  Yes  No
- I have an air conditioner that I use in the summer, and I pay a fee to use it.  Yes  No
- I pay for electricity or gas or share this cost with others.  Yes  No
- I pay for phone service, including cell phone service (not a pre-paid phone).  Yes  No

**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 an authorized representative EBT card 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.

**If you would like to authorize someone, print the person's name, address and telephone number, and sign below.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Check this box if you want your authorized representative to get an EBT card to buy food for you.

**In order to be able to accept your application, you must sign and date below**

**Certification:** By signing this application, I hereby certify under penalty of perjury that I have read (or have had read to me) and I understand and agree to the "Rights and Responsibilities" described on pages 4 – 6 of this application, and the answers in this application and any additional document I provide to the Department in the future are accurate and complete to the best of my knowledge. I have read the SNAP Penalty Warning in my primary language, have had it read to me or have had it interpreted for me. I also certify that all members of my SNAP household requesting SNAP benefits are either U.S. citizens or noncitizens in satisfactory immigration status.

Please see pages 4 – 6 which contain the "SNAP Penalty Warning" and your "Rights and Responsibilities".

**Your signature is required below to complete the application process.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Instructions for Completing the Application Form

- Try to answer as many questions as you can.
- On page 1 of the application form put your telephone number where you can be reached during weekdays or where a message can be left for you.
- **Remember to sign your name before you submit your application form.**
- Be sure to read the included Notice of Rights and Responsibilities and the SNAP Penalty Warning on the following pages.
- **You can file an incomplete application by filling in your name and address on the front and your signature on the back and completing the rest of the application later. This minimal information will establish your application filing date.**
- **SNAP benefits will be effective back to the date that you applied.**

**You must be interviewed:** We will review your application when it is received and will contact you to discuss the information you gave on your application.

**Note:** If we cannot reach you, you will receive a letter for a scheduled phone interview.

**You must submit verification:** During your interview, we will explain what verification and information you will need to give to receive SNAP benefits. We will send you a verification checklist with the items you need to provide. You have 30 days from the date that your application is received to give us the verification we need. Be sure to ask us for help if you are having difficulty obtaining these documents.

**Decision:** You will receive a decision on your application within 30 days.

## What Verification Will I Need to Submit?

These are most of the items you will need when applying for SNAP benefits:

- **Identification Showing Your Name and Address:**
- If you have no address, please tell us.
- **Proof of income.**
- An award letter or direct deposit statement of unearned income including interest income amounts and frequency of payments. If you are working, submit your last four weeks of pay stubs, direct deposit statements, or copies of checks.
- **Social Security Numbers for All Members Applying.**
- **Proof of Noncitizen Status** - If you are not a citizen, provide proof of legal noncitizen status.
- **Proof of Certain Expenses:** Although optional, if you provide proof of either of the following, your SNAP benefits could be higher.
  - **Medical Expenses** - If you or anyone in your household is age 60 or older or has a certified disability, *out-of-pocket medical expenses must be verified* with receipts for co-payments or premiums on health insurance, or receipts for dentures, eyeglasses, hearing aids, hearing aid batteries, prescription medications, doctor-prescribed pain relievers or over-the-counter drugs, and transportation to get to and from medical services.
  - **Child Support Payments** - Proof, such as court documents, of child support payments you pay to someone not living with you, and amount paid.

Also tell us if you have any of the expenses below (this is optional, but these could make your SNAP benefits higher):

1. **Housing Costs:** rent or mortgage payments, real estate taxes, or homeowners' insurance.
2. **Utilities:** air conditioning costs, home heating oil, gas for heating, wood or coal for heating, gas for cooking, electricity, telephone (including cell phones), or other utility expenses such as for water, sewer, or garbage disposal service.
3. **Dependent Care Expenses:** in-home or out-of-home care.



## Read the Important Information Below

**Sex and Gender Identity:** New York State ensures your right to access benefits and/or services regardless of sex, gender identity, or expression. You must report your sex and the sex of all household members as male or female. The sex you report here must be the same as what is currently on file with the United States Social Security Administration. The sex you report is needed to process your application. It will not appear on any benefit card you may receive or any other public-facing document.

Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Gender identity is not required for this application. If your gender identity, or the gender identity of anyone in your household, is different than the sex you report for that person and you would like to provide that person's gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe that person's identity further in the space provided. Providing this information is voluntary. It will not affect the eligibility of the persons applying or the level of benefits received.

**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:

- 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.
- 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.

**Overpayment** – 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.

**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.**

**Remember to sign your application.**