NYSCAP Supplemental Nutrition Assistance Program (SNAP) Benefits Interim Report (NYC)

Notice Date:

Due Date:

Case Number:

Please fill out this form right away and return it to the address listed above. If you don't send the form back, your SNAP benefits will stop.

We've sent this form because we must update your NYSCAP SNAP benefits case. Please answer the questions below about your shelter, heat, utility costs and unreimbursed medical expenses. These expenses affect how much you can get in SNAP. If you never told us about these costs, or if they have changed, we might be able to give you more SNAP. Please send us current proof of these expenses if you never told us about them or if they have changed.

Even if you have no changes to report, you must send the form back or your SNAP benefits will stop.

Section 1

1. Do you still live at the address where this notice was sent? ☐ Yes ☐ No (if you answered 'No', write your new address below)

   Your new address (include Apartment number): City/Town State: Zip Code:

2. Do you: ☐ Own your home? ☐ Live in Public housing ☐ Have no permanent residence or are homeless?
   Other:

   2b. How much do you pay monthly for your rent or mortgage? $

   2c. If you rent, is your rent subsidized? ☐ Yes ☐ No If 'Yes", what is your share of rent? $

   2d. If you own your home, are insurance and/or property taxes included (escrowed) in your mortgage payment?

   ☐ Yes ☐ No

   2e. If no, how much do you pay each year for property and school taxes? $

   Homeowners Insurance? $

   2f. Has anyone new moved into or out of your household? ☐ Yes ☐ No

   If Yes, provide their name and relationship to you:

Section 2

Answer questions only if you pay or your own heat separate from your rent or mortgage.

1. Do you pay a heating or utility company directly for heat separate from your rent or mortgage? ☐ Yes ☐ No
2. What is your main source of heat? ☐ Fuel Oil ☐ Electric Heat ☐ Natural Gas ☐ Coal or Wood ☐ Kerosene ☐ Propane or Bottled Gas ☐ Other (describe):
3. Is the heating bill in your name? ☐ Yes ☐ No If 'No', name on the bill?
4. What is your heating account number (if you have one)?
5. What is your heating company's name?
6. What is your heating company's address?

Address: City/Town State: Zip Code:

Section 3

Answer questions only if you don't pay for your heat.

1. Do you pay a separate monthly charge to your landlord for air conditioning? ☐ Yes ☐ No
2. Do you pay an electric bill and use an air conditioner? ☐ Yes ☐ No
3. Do you pay a utility company directly for your lights, cooking, hot water, thermostat, furnace or boiler? ☐ Yes ☐ No
4. Is the utility bill in your name? ☐ Yes ☐ No If 'No', name on the bill?
5. What is your utility account number (if you have one)?
6. What is your utility company's name?
7. What is your utility company's address?

Address: City/Town State: Zip Code:

Section 4

1. Do you have any unreimbursed medical expenses (including a Medicaid spenddown)? ☐ Yes ☐ No
2. If 'Yes', how much do you pay monthly for your medical expenses? $

*Unreimbursed medical expenses are medical bills you must pay that are not paid by Medicare, Medicaid, or any other health insurance.

Applicants Signature **Date Signed**

X

Important Information

You may be entitled to higher benefits.

The maximum monthly SNAP benefit for one person is $306. If you are receiving less than this amount, you may be eligible for a higher benefit if you have housing, heat and/or utility costs, or more than $35 each month in unreimbursed medical expenses. Please send us current proof of these expenses if you never told us about them or if they have changed.

If you want to find out whether you might be able to get more SNAP benefits, or if you have questions about how to fill out this form, call your local SNAP office.

In addition to changes reported at this interim report contact, NYSCAP households must report the following within 10 days after the end of the month in which the change happened:

- If you receive substantial lottery/gambling winnings of $4,750 or more as a cash prize in a single game before taxes or withholding.

Make sure to return this report and verification to the address listed on the front of this notice.

Authorized Representative Section – If you are an Authorized Representative, fill out this section.

You can authorize someone who knows your household circumstances to handle matters related to your SNAP case (such as providing and verifying the information requested above) for you. You can also authorize someone outside your household to use our SNAP benefits to buy food for you. If you want to do this, have your authorized representative sign in the signature section at the bottom of the page, and print the person's name, address and phone number below.

Print Authorized Representative's Name: Auth. Rep. Phone Number:

Authorized Representative's Address: City/Town: State: Zip Code:

Signature Section – Make sure to do the following:

- Print the Recipient's Name
- Sign, Date and Return this form to the address listed on the first page of this form.

Print the Recipients Name:

Recipient/Authorized Representative Signature: Date Signed:

We are pleased that you participate in the SNAP and would like for you to continue to participate.