

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**HOW TO COMPLETE THE *APPLICATION FOR CHILD CARE ASSISTANCE***

**CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM**

- 1) Families eligible for a child care guarantee – applying for or receiving Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available and the Department of Social Services has included them in its Child and Family Services Plan

**THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY**

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services (LDSS-2921)*.

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services (LDSS-2921)*, you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

**APPLYING FOR CHILD CARE ASSISTANCE**

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

**HOW TO COMPLETE THE APPLICATION**

- The directions and application are numbered by section to help you.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.
- COMPLETE each section.
- If you are applying as someone's representative, please print information about that person.

**WHERE TO TURN IN THE APPLICATION**

- The Department of Social Services (DSS) of the county that you live in.

**Make sure you have been given copies of:**

- **LDSS-4148A:** *What You Should Know About Your Rights and Responsibilities*
- **LDSS-4148B:** *What You Should Know About Social Services Programs*
- **LDSS-4148C:** *What You Should Know If You Have an Emergency*

**These booklets contain important information about your rights and responsibilities.**

**PAGE 1 OF THE APPLICATION****SECTION 1. APPLICANT'S INFORMATION**

- **NAME:** PRINT your legal name including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **RESIDENCE ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your marital status **now**.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other", PRINT the name of the language.

**SECTION 2. HOUSEHOLD MEMBER INFORMATION****LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.****FOR EVERY PERSON IN THE HOUSEHOLD, COMPLETE THE FOLLOWING:**

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH AND SEX:** PRINT the date of birth and sex for each person who is applying. Those considered applying are the children in need of care, and their parents (including stepparents), and siblings under the age of 18 in the household.
- **RELATIONSHIP:** For each person who is applying, PRINT their relationship to you (for example: husband, wife, son, foster child, friend, boyfriend, girlfriend, roomer, boarder, etc.).
- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.  
Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RACE:** Enter Y (Yes) or N (No) for each of the race codes.  
**I** - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White.  
Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **CHILD CARE NEED:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.

**FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:**

- **CHILD IS U.S. CITIZEN/  
NATIONAL/HAS SATISFACTORY  
IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

**PAGE 1 OF THE APPLICATION Cont.**

- **CHILD WITH DISABILITY:** Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. Generally speaking, a child with a disability means one of the following:
  - a child who is aged 3 through 9 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; OR
  - a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; OR
  - a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
  - a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.
  
- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (for each child).

**PAGE 2 OF THE APPLICATION****SECTION 3. OTHER HOUSEHOLD INFORMATION**

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you—that means a spouse who lives with you, or an adult who lives with you and with whom you have at least one child in common.

**CHECK YES OR NO FOR EACH OF THE FOLLOWING:**

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.
- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
  
- **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
  
- **PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Public Assistance (PA).
- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
  
- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

**SECTION 4. HOUSEHOLD MEMBERS UNDER THE AGE OF 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD**

- **PRINT** the names of household members under the age of 21, and the name and address of their absent parents.

**PAGE 2 OF THE APPLICATION Cont.****SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION**

- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? How many hours do you work? How much are you paid and how often? Does your schedule vary? Do you work overtime? What is your schedule?

**SECTION 6. OTHER EMPLOYMENT INFORMATION**

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant or the spouse/other parent.
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where your spouse or the other parent works.
- **JOB INFORMATION:** Complete this section about your spouse's or the other parent's job: When did he/she start? How many hours does he/she work? How much is he/she paid and how often? Does his/her schedule vary? Does he/she work overtime? What is his/her schedule?

**PAGE 3 OF THE APPLICATION****SECTION 7. INCOME INFORMATION**

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who gets the income.
- **All income must be reported on the application.**
- Some examples of "other" kinds of income are: retirement benefits and workers' compensation.

**SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY**

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, educational, or other approved activity after drop-off. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick-up. Check yes or no to indicate whether public transportation is used.

**SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW**

**READ THIS SECTION CAREFULLY** or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

**PAGE 4 OF THE APPLICATION****SECTION 10. CERTIFICATION AND SIGNATURE**

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.*
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife lives with you, both of you **must** sign the application. If an adult with whom you have at least one child in common lives with you, both of you **must** sign the application.

**SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION**

If you decide you no longer want to apply for Child Care Assistance, sign your name and enter the date. You may reapply at any time.

**NOTE:** The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**APPLICATION FOR CHILD CARE ASSISTANCE**

**ATTENTION:** This application is used to apply **ONLY** for **Category 2 or 3 Child Care Assistance**. To apply for Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services (LDSS-2921)*.

CASE NAME		CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /
DISTRICT	CASE TYPE: <b>40</b>	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert		Disposition: <input type="checkbox"/> Denial Reason Code		<input type="checkbox"/> Withdrawal	

**SECTION 1. APPLICANT'S INFORMATION**

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses)		PHONE NUMBER ( ) -	
STREET ADDRESS		APT NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		APT NO.	CITY	STATE	ZIP CODE
FORMER ADDRESS				OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED	
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
What is the primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)					

**SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.**

L N	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM/DD/YY)	SEX M/F	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) <i>Optional</i>	Enter Y (Yes) or N (No) if Hispanic or Latino						Does this child need child care? Y/N	FOR EACH CHILD in need of child care, answer Yes/No (Y/N)		
								H	I	A	B	P	W		Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a disability?	Do both parents reside in the home?
1				/ /		SELF							N/A	N/A	N/A	N/A	
2				/ /													
3				/ /													
4				/ /													
5				/ /													
6				/ /													
7				/ /													
8				/ /													

\* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

You may use the back or additional pages if you need more room or there is other information that you think we might need.

**SECTION 3. OTHER HOUSEHOLD INFORMATION**

<p><b>DO ANY OF THESE APPLY TO YOU?</b></p> <p><b>For each of the following, answer YES or NO:</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to <b>work</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for <b>another reason</b> . Give reason:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Homeless</b> (no fixed, regular, and adequate place to stay at night).
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the <b>U.S. Military</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a <b>National Guard or Military Reserve unit</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for <b>Public Assistance</b> through a different application.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for <b>other child care funding</b> . Agency Name:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pregnant</b> . Due date? / /

**SECTION 4. LIST EVERYONE UNDER 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD.**

NAME OF PERSON UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Absent Parent's Date of Birth (optional)	Absent Parent's Social Security Number (optional)
		/ /	
		/ /	
		/ /	

**SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION**

APPLICANT'S EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE ZIP CODE
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

**SECTION 6. OTHER EMPLOYMENT INFORMATION. Use this section for an applicant's second job or a spouse's/other parent's job.**

Whose job information? <input type="checkbox"/> Applicant's job OR <input type="checkbox"/> Spouse's / other parent's job			
EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE ZIPCODE
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

*You may use the back or additional pages if you need more room or there is other information that you think we might need.*

**SECTION 7. INCOME INFORMATION**

Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Wages/Salary, including overtime, commissions, training programs, tips								
Net Self-Employment Income								
Child Support Payments (received)								
Alimony/Spousal Support (received)								
Unemployment Insurance Benefits, Workers' Comp								
Social Security Benefits (including SSI)								
Disability Benefits (NYS, VA, Private)								
Rental/Boarder/Lodger Income (received)								
Dividends/Interest - Stocks, Bonds, Savings								
Pensions/Annuities								
Public Assistance (PA) Grant, Safety Net Benefits								
Other (please specify)								

**SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY**

<b>DROP-OFF</b>	Travel time from the child care provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PICK-UP</b>	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.**

**PENALTIES** – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

**CITIZENSHIP** – I understand that by signing this application form I certify, under penalty of perjury, that all the children in need of Child Care Assistance are United States citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

**CHANGE REPORTING** – I understand that by signing this application form I agree to inform the agency **immediately** of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

**CONSENT FOR INVESTIGATION** – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

**NON-DISCRIMINATION** – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

**RESOURCES** – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

**SECTION 10. CERTIFICATION AND SIGNATURE**

**CERTIFICATION:** I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local Department of Social Services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

<b>APPLICANT'S/REPRESENTATIVES SIGNATURE</b>  X	<b>DATE SIGNED</b>  / /	<b>SECOND APPLICANT'S SIGNATURE</b>  X	<b>DATE SIGNED</b>  / /
<b>PRINT NAME:</b>		<b>PRINT NAME:</b>	

<p><b>RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (DSS) OF THE COUNTY THAT YOU LIVE IN.</b></p>	
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**SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION**

I CONSENT TO WITHDRAW MY APPLICATION FOR CHILD CARE ASSISTANCE. I understand I may reapply at any time.	<b>DATE SIGNED</b>  / /
SIGNATURE X _____	

**FOR AGENCY USE ONLY:**

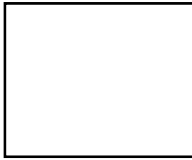
<b>CASE NAME</b>	<b>CASE #</b>	<b>REGISTRY #</b>	<b>VERSION #</b>	<b>RE-USE INDICATOR</b> <input type="checkbox"/>	<b>DISTRICT:</b>	<b>DATE</b>  / /
<b>SERVICES TRANS TYPE:</b> <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.				<b>Disposition:</b> <input type="checkbox"/> Denial	<b>Reason Code</b>	<input type="checkbox"/> Withdrawal
<b>ELIGIBILITY DETERMINED BY</b>		<b>DATE</b>  / /	<b>ELIGIBILITY APPROVED BY</b>			<b>DATE</b>  / /
<b>CHILD CARE AUTHORIZATION FROM DATE</b>  / /	<b>CHILD CARE AUTHORIZATION TO DATE</b>  / /		<b>COMMENTS:</b>			
<b>L1 CIN:</b>	<b>L4 CIN:</b>	<b>L7 CIN:</b>				
<b>L2 CIN:</b>	<b>L5 CIN:</b>	<b>L8 CIN:</b>				
<b>L3 CIN:</b>	<b>L6 CIN:</b>	<b>L9 CIN:</b>				



# NYS Agency-Based Voter Registration Form

**"If you are not registered to vote where you live now, would you like to apply to register here today?"**

- YES** If you checked YES, please complete the **VOTER REGISTRATION APPLICATION** below
- 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



Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_

Please Print Name \_\_\_\_\_

**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.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格,請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면

으로 전화 하십시오. 1-800-367-8683

যদি আপনি এই ফর্মটি ইংরেজীতে পোত ে চান তাহলে 1-800-367-8683

নম্বরে ফোন করুন

Rev. 2/2015

## VOTER REGISTRATION APPLICATION (instructions on back)

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? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, do not complete this form	2	Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> 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. box) _____ Apt. No. _____		City/Town/Village _____ Zip Code _____		County _____	
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____		Post Office _____ Zip Code _____			
6	Date of Birth _____	7	Sex <input type="checkbox"/> M <input type="checkbox"/> F	8	Telephone (optional) _____ Email (optional) _____	
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
	In county/state _____	Under the name (if different from your name now) _____				
11	Political Party <b>I wish to enroll in a political party</b> <input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party  <b>I do not wish to enroll in a political party</b> <input type="checkbox"/> No party		12			
					Affidavit: I swear or affirm that <ul style="list-style-type: none"> <li>I am a citizen of the United States.</li> <li>I will have lived in the county, city or village for at least 30 days before the election.</li> <li>I will meet all requirements to register to vote in New York State.</li> <li>This is my signature or mark on the line below.</li> <li>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.</li> </ul>	
					/ /	
					Signature or Mark in ink _____	Date _____

## (Optional) Register to donate your organs and tissues

Last Name _____		
First Name _____	Middle Initial _____	Suffix _____
Address _____		
Apt Number _____	City/Town/Village _____	Zip Code _____
Birth Date _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color _____	Height _____	Ft.    In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 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!

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:

NYS Board of Elections 40 North Pearl St, Suite 5  
Albany, NY 12207-2729  
Telephone: 1-800-469-6872;  
TDD/TTY users contact the New York State  
Relay at 711; or visit our web site -  
[www.elections.ny.gov](http://www.elections.ny.gov)

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.

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## Verifying your identity

**We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.**

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

## To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

**Box 9:** You must make one selection. For questions refer to Verifying your identity above.

**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:** Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

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