

LDSS

ADDRESS
CITY, STATE ZIP

CASE NAME

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LDSS-4836 (Rev.4/09)

New York State Office of Temporary and Disability Assistance

NYSNIP Food Stamp Benefits Interim Report

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

We've sent this form because we must update your NYSNIP food stamp benefits case. The law says we must do this every two years. Please answer the questions below about your housing and utility expenses. These expenses affect how much you can get in food stamps. If you never told us about your housing and utility costs, or if these costs have gone up, we might be able to give you more food stamps.

Even if you have no changes to report, you must send the form back or your food stamp benefits will stop. Please sign and date the form and return it to us no later than the 10th day of next month.

QUESTIONS YOU MUST ANSWER

1. Do you pay more than \$229 each month for rent or for mortgage payments, taxes and insurance on your property? Yes No

If you answered "Yes", **and** have never sent us proof of these expenses, attach the proof now – such as a rent receipt, landlord statement, mortgage payment, cancelled check or money order.

2. Do you live in either public or subsidized housing where heat is included in your rent? Yes No

3. Answer this question ONLY if you live in public or subsidized housing AND heat is included in your rent:

a. Do you pay a monthly excess charge to your landlord for air conditioning? Yes No

b. Do you pay an electric bill and use an air conditioner? Yes No

(If you answered "Yes" to either a. or b., **and** have never sent us proof of these expenses, attach the proof now – such as an electric bill, landlord statement, or canceled check or money order.

APPLICANT'S SIGNATURE

DATE SIGNED

X

IMPORTANT INFORMATION

YOU MAY BE ENTITLED TO HIGHER BENEFITS

The maximum monthly Food Stamp Benefit for one person is \$200. If you are receiving less than this amount, you MAY be eligible for higher benefits, especially if ANY of the following applies to you:

- You have **more than \$35** each month in **unreimbursed medical expenses**, that is, medical expenses that you yourself must pay and that are not paid by Medicare, Medicaid, or any other health insurance.
- Your **rent is more than \$425 per month.**
- If your monthly income decreases by \$75 or more due to a reduction of your SSI grant.

If you have any of these circumstances and want to find out whether you might be able to get more Food Stamp Benefits, or if you have questions about how to fill out this form, call your local Food Stamp office or call the **State Food Stamp Hotline at 1-800-342-3009**. Thank you.

Make sure to return this report to the address listed above.

We are pleased that you participate in the Food Stamp Program and would like for you to continue to participate.