

## Items to Provide For Your Initial Certification

### I. Information About Household Members

1. For every member of your family, Please bring the following documents:
  - **Social Security Cards** (To obtain, access Social Security Online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call SSA at 1-800-772-1213. In place of a social security card, we will accept an original document issued by a Federal or State agency as long as the document contains the name and social security number of the household member)
  - **Birth Certificates** (In lieu of a birth certificate we can accept a valid passport, baptismal record, original document issued by a Federal or State agency as long as the document contains the name and date of birth of the household member)
  - **Marriage Certificate** (If the name on the social security card doesn't match the name on the birth certificate)
  - **Adoption papers** (If the name on the social security card doesn't match the name on the birth certificate)
  - **Custody Agreement** (If there are children in the household and only one of parents resides in the household)

### II. Information About Your Income and Assets

1. **Employment Income.** For every member of your family who works, provide the following information:
  - Provide four original and current consecutive pay stubs dated within the last 60 days
  - Name, address, telephone number of the employer.
  - Current rate of regular pay and overtime pay and the number of hours per week normally worked.
  - Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
  - Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.
2. **Benefit and Support Income.** If any member of your family receives any of the following types of income, provide name, address, and telephone number of the source of the income, and information about the amount received. Proof of income is required and must be dated within the last 60 days.
  - Social Security. You can obtain a Social Security and/or SSI benefit verification letter online through “**my Social Security**” website. You can also call 1-800-772-1213 (TTY1-800-325-0778) to request a letter be mailed to you.
  - Supplemental Security Income (SSI) and State Supplement Program (SSP). You can obtain a Social Security and/or SSI benefit verification letter online through “**my Social Security**” website. You can also call 1-800-772-1213 (TTY1-800-325-0778) to request a letter be mailed to you. To obtain state information call the NYS SSP Customer Support Center at 855-488-0541 or go to [www.otda.ny.gov/programs/ssp/](http://www.otda.ny.gov/programs/ssp/).
  - Social Security Disability Income (SSDI)
  - Annuity
  - Retirement Fund
  - Pension
  - Death Benefit
  - Unemployment Compensation
  - Disability Compensation (from employer, insurance agency, etc.)
  - Worker's Compensation
  - Severance Pay
  - Welfare, public assistance, TANF
  - Food Stamps, SNAP
  - Alimony Payments, Spousal Support, Maintenance
  - Child Support Payments
  - Regular contribution of cash or gifts from anyone
  - Veteran's Benefits (VA)
  - Regular or special military pay
  - Financial assistance to attend school
3. **Training Programs.** If employed under a state or local employment training program, senior employment training program, VA compensated work therapy program, etc. Please provide a letter from the program stating that you are a participant. This income may be exempt under federal regulation.

4. **Amounts in Savings and Checking Accounts** (including Certificates of Deposit, money market accounts, IRA and Keogh Accounts). Provide the most recent statement from the bank or financial institution and the current interest rate.
5. **Real Estate You Own.** Provide information about the current value of the property. If you own property and rent it, provide the address of the property and information about how much income you receive and what expenses you have for the property. (Provide last year's Schedule E from your income tax forms.)
6. **Stocks, Bonds, Trusts, Other Investments.** Provide the most recent statements on value of investments and information about income from investments.
7. **Life Insurance Policies.** Provide the most recent statement and the name and address of company and policy numbers.
8. **Educational Grants and Scholarships.** If any member of your family receives an educational grant or scholarship, provide information about the amount of the assistance and the purposes for which the assistance can be used. Provide the name, address, and telephone number of the institution providing the assistance and a financial assistance award statement reflecting tuition, grants, scholarships and loans.
9. **Other Income.** For any other type of income your family has, provide the name, address, and telephone number of the source of the income and information about the amount of the income.
10. **Assets sold or given away.** If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please provide information about those assets.

### III. Information about Family Members

1. **Full-time and Part-time Students age 18 or Older.** If any family members are 18 years of age or older and still attending school full time or part-time, provide information about where they attend school and their current status. Provide the name, address and telephone number of the institution and one of the following; enrollment verification form, transcript, report card.
2. **Disability.** If any member of your family has a disability, provide information about any income the member received because of his/her disability.

### IV. Expenses

Provide information about any of the following expenses you expect to have during the next twelve months.

1. **Medical insurance premiums**, including amounts deducted from your pay for medical insurance, and **medical expenses** not covered by insurance including out-of-pocket prescriptions, past due medical bills, anticipated medical expenses. **(This only applies to families whose head, spouse or cohead is 62 years or older, or is disabled.)**
2. **Child care expenses** to care for children 12 or younger that allow an adult family member to work, seek work, or go to school. Provide the name, address and telephone number of the care provider.
3. **Disability expenses** to care for a disabled family member so that your or another family member can work. Provide the name, address and telephone number of the care provider. If a disabled adult member has expenses for auxiliary apparatus (wheelchair, vehicle adaptation, etc.) that enables them to work, provide documentation of those expenses.