

## New York State Supplement Program (SSP) Marital Status Change Form

Use this form to tell us of a change in your marital status. When we get notification of your change, we will recalculate your SSP benefit amount taking into consideration your new marital status and your new adjusted countable monthly income.

<b>Recipient Name:</b>		<b>Person ID:</b>		
<b>Part 1: Information about Your New Marital Status</b>				
Please check the box that applies to your new marital status.				
1. <input type="checkbox"/> Married and Living with My Spouse		4. <input type="checkbox"/> Divorced and Not Living with My Ex-Spouse		
2. <input type="checkbox"/> Married and Not Living with My Spouse		5. <input type="checkbox"/> Single		
3. <input type="checkbox"/> Separated and Not Living with My Spouse		6. <input type="checkbox"/> Widowed		
Enter the date your new marital status began:		Month:	Day:	Year:
<b>Part 2: Information about Your New Spouse</b>				
Complete this part if you checked box 1				
First Name and Initial		Last Name		
Social Security Number:		Date of Birth		
Income: please complete the attached Income Verification Form				
<b>Part 3: Other Changes Resulting from Your New Marital Status</b>				
✓ Has your Home and/or Mailing address changed? If yes, complete the following:				
Mailing Address (Street Name, Apt. No., PO Box, City Zip)				
Home Address (Street Name, Apt. No., PO Box, City Zip) if different from mailing address				
✓ Has your living arrangement situation changed? If yes, complete the attached SSP Living Arrangement Form				
✓ Has your Direct Deposit Information Changed? If yes, complete the attached Direct Deposit Form.				
<b>Part 4: Certification</b>				
I certify that the information given on this form and on all documents attached is correct and complete.				
Sign Here _____		Date: _____		
Spouse Signature _____		Date: _____		

If you do not return the completed form(s) within 30 days of the date of this letter, your SSP benefits may be affected.

If you need help completing the form(s), or have questions, please call us toll free at 1-(855)-488-0541.

Please return the requested information:

by mail to: NYS OTDA  
State Supplement Program  
PO Box 1740  
Albany, New York 12201

by email to: [otda.sm.ssp@otda.ny.gov](mailto:otda.sm.ssp@otda.ny.gov)

OR by fax to: 518-486-3459