## 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.

Part 1: Information about Your New Marital Status  Please check the box that applies to your new marital status.  1.	Recipient Name:	Person ID:			
Please check the box that applies to your new marital status.  1.	Part 1: Information about Your New Marital Status				
2.  Married and Not Living with My Spouse 5.  Single  3.  Separated and Not Living with My Spouse 6.  Widowed  Enter the date your new marital status began:  Month:  Day:  Year:  Part 2: Information about Your New Spouse  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  Part 3: Other Changes Resulting from Your New Marital Status  ✓ 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 Direct Deposit Information Changed? If yes, complete the attached SSP Living Arrangement Form  ✓ Has your Direct Deposit Information Changed? If yes, complete the attached Direct Deposit Form.  Part 4: Certification  I certify that the information given on this form and on all documents attached is correct and complete.  Sign Here					
3. ☐ Separated and Not Living with My Spouse  Enter the date your new marital status began:  Month: Day: Year:  Part 2: Information about Your New Spouse  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  Part 3: Other Changes Resulting from Your New Marital Status  ✓ 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.  Part 4: Certification  I certify that the information given on this form and on all documents attached is correct and complete.  Sign Here	1. Married and Living with My Spouse	4. Divorced and Not Living with My Ex-Spouse			
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Sign Here Date:					
	I certify that the information given on this form and on all documents attached is correct and complete.				
Spouse Signature Date:	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: <a href="mailto:otda.sm.ssp@otda.ny.gov">otda.sm.ssp@otda.ny.gov</a>

OR by fax to: 518-486-3459