

Certificate of Authority
Interim Assistance Reimbursement (IAR)

AMENDED

| Name of Agency | GRC | Date |
|----------------|-----|------|
|----------------|-----|------|

I certify that the following incumbents of the Agency are authorized to sign documents reporting the receipt and disbursement of Interim Assistance Reimbursement received in accordance with the Supplemental Security Income Agreement between the State of New York and the Commissioner for the Social Security Administration:

Name **X** _____

Job Title **X** _____

Name _____

Job Title _____

Name _____

Job Title _____

Agency Identifying Information

GR Code _____

Agency Name _____

Mailing Address _____

City _____

State _____

Zip Code _____

Agency Name in _____
Notices to
Claimant

Direct Deposit Information

Direct Deposit Routing Number _____

Direct Deposit Account Type (checking/saving) _____

Direct Deposit Account Number _____

Agency Contact Information

(Only one email address is needed)

Email address 1 _____

Email address 2 _____

Email address 3 _____

Contact Person's Name _____

Job Title _____

Telephone Number _____

X

Certifying Official's Signature

Title

Date

Instructions for Completing Amended Certificate of Authority

- To add an new individual to the “Amended Certificate of Authority” **just add the new person’s “Name”, “Title” and the “Agency Identifying Information” to the form. There is no need to resend the unchanged “Direct Deposit information”, unchanged “Agency Contact” information or the names of individuals who have already received permission to access the GSO and provide Interim Assistance Reimbursement (IAR) information.**
- Complete Agency Contact Information **only** if the information has changed. The SSA automated system can only support three e-mail addresses per agency, so OFT created a ListServe for each SSD, and the e-mail address follows the template: OTDA.dl.eIAR.(district name). This address should be listed as one of the three available e-mail addresses. It is essential that e-mail addresses listed are maintained and accessed.
- Place the Certificate of Authority form on an Agency Letterhead.
- Sign form – The Certificate of Authority must be signed by an official of the Agency. An official is an individual who represents and speaks for the Agency. An official is an Agency Director, Assistant Director, or other individuals who speak for the Agency or who are authorized to sign for the Director.
- Mail the completed and signed form along to:

Social Security Administration
Center for Programs Support
26 Federal Plaza Room 4060
New York, New York 10278
ATT: e-IAR Coordinator