

INFORMATION ABOUT PARENTS OR SPOUSES NOT LIVING IN  
THE HOUSEHOLD



Applicant's Name: \_\_\_\_\_

**Non-custodial Parent / Spouse Information:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse of: \_\_\_\_\_

Address: \_\_\_\_\_  
(if known)

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(if known)

The information above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

申请人姓名: \_\_\_\_\_

**非监护人家长/配偶信息:**

姓名: \_\_\_\_\_ 出生日期 \_\_\_\_\_

下列人士的父母: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

下列人士的配偶: \_\_\_\_\_

地址: \_\_\_\_\_  
(如果已知)

\_\_\_\_\_

\_\_\_\_\_

社会安全号码: \_\_\_\_\_  
(如果已知)

就本人所知, 上述信息均真实完整。

\_\_\_\_\_  
签名

\_\_\_\_\_  
日期

**您是否有医疗或心理健康疾病或残障问题?** 此问题是否让您难以理解本通知或完成本通知所要求事情? 此问题是否使您难以获得 HRA 提供的其他服务? **我们可助您一臂之力。** 致电 212-331-4640 联系我们。您也可以造访 HRA 办公室时寻求帮助。根据法律规定, 您有权要求此类帮助。