

Mailing Address if different than residence address _____
 (Street or PO Box) (City) (State) (Zip Code)

The completed form must be returned to **NYS OTDA State Supplement Program, PO Box 1740, Albany NY 12201**, or through e-mail at otda.sm.ssp@otda.ny.gov, or by fax to: 518-486-3459.