

# Instructions for Adding Household Members

## Address Confidentiality Program (ACP)



NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110  
Albany, NY 12201-1110  
Phone: (518) 474-7306  
Toll Free: (855) 350-4595  
Fax: (518) 474-0709  
Email: [ACP@dos.ny.gov](mailto:ACP@dos.ny.gov)  
Web: [www.dos.ny.gov/acp](http://www.dos.ny.gov/acp)

This application should be used to add other persons to the record of an existing ACP primary participant. Program participants should review the instructions below to ensure they understand how to properly complete this form.

### Section 1 - Primary Participant

Please provide the full name and ACP identification number of the primary participant whose record will be changed to add new household members. Also provide the primary participant's security word to ensure that only an authorized person is making changes to the record. If the participant cannot remember this security word, s/he may contact the ACP for a hint.

### Section 2 - Additional Household Members

Use this section to identify the additional members of the primary participant's household who need to participate in the ACP in order to keep the primary participant safe. Provide the full legal name and date of birth of each additional household member and indicate whether these new household members are minors, incapacitated persons or other adults living in the household.

Other adults in the primary participant's household must also complete the affidavit contained within Section 4.

If an individual being added to the primary participant's household previously participated in the ACP (ex. the individual lived in a separate ACP household or was a participating minor who is now 18 years old), please provide the previous ACP identification number.

Copies of this page can be made if additional participants need to be added.

### Section 3 - Affirmation of Primary Participant

The primary participant (or his or her guardian) must sign and date the form affirming that the information provided is true and correct and, when applicable, that s/he has the legal authority to act on behalf of any minors or incapacitated adults being added to the existing ACP household.

### Section 4 - Affidavit of Additional Adult Member of the Household

Each adult being added to an existing ACP household must check the box affirming that s/he is a member of the household and consents to participate in the ACP. Each adult must also sign his or her name on the line affirming that all the information provided on the application is true and correct and designating the Secretary of State as his/her agent for service of legal papers and for receipt of mail.

This form should be copied and signed by each additional adult being added to the ACP household.

The completed application form should be sent to the address indicated on the application.

# Adding Household Members

## Address Confidentiality Program (ACP)



NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110  
Albany, NY 12201-1110  
Phone: (518) 474-7306  
Toll Free: (855) 350-4595  
Fax: (518) 474-0709  
Email: ACP@dos.ny.gov  
Web: www.dos.ny.gov/acp

Read instructions carefully before completing this application. Please PRINT or TYPE responses in ink.

### SECTION 1: Participant Information

Primary Program Participant's Name (First, Middle, Last)

ACP Identification Number

First Name

Middle Name

Last Name

### Security Word

Please provide your security word. You may contact the ACP office for your security word hint.

### SECTION 2: Additional Household Members - You may make copies of this page and attach for additional participants.

Household Member Name (First, Middle, Last)

First Name

Middle Name

Last Name

Date of Birth  
(MM/DD/YYYY)

(Minor/Incapacitated/Adult  
living in Household)

Have you ever participated in New York's Address Confidentiality Program?

Yes No If Yes, please provide previous ACP Identification Number # \_\_\_\_\_

Household Member Name (First, Middle, Last)

First Name

Middle Name

Last Name

Date of Birth  
(MM/DD/YYYY)

(Minor/Incapacitated/Adult  
living in Household)

Have you ever participated in New York's Address Confidentiality Program?

Yes No If Yes, please provide previous ACP Identification Number # \_\_\_\_\_

### SECTION 3: Affidavit of Primary Participant

I hereby affirm under penalties of perjury that all information provided on this application is true and correct and that I have legal authority to act on behalf of any minors and/or incapacitated persons being added to my ACP household.

Signature of Participant

Date

### SECTION 4: Affidavit of Additional Adult Member of the Household

Make copies of this page and attach if more than one adult is being added to the household.

I affirm that I am an adult member of the same household as the primary participant identified on this application and consent to participate in the ACP.

Affirmation of Applicant:

I hereby affirm under penalties of perjury that all information provided on this application is true and correct to the best of my knowledge. I understand that I will only receive first class, registered and certified mail through this program. The ACP does not forward magazines, packages or junk mail. I hereby designate the Secretary of State as my agent for service of process and receipt of mail.

Signature of Adult Being Added to Household

Print Name

Date

Please return the completed Application to:  
NYS Department of State  
Address Confidentiality Program  
P.O. Box 1110, Albany, NY 12201-1110  
OR return to ACP via Fax at: (518) 474-0709