

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME

Do not write in this space.

I am/We are applying for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act.

<input type="checkbox"/> DEFERRED	<input type="checkbox"/> ABAP
<input type="checkbox"/> FS-SSA APP	<input type="checkbox"/> FS-REFERRED
FILING DATE	
Month, Day, Year	
<input type="checkbox"/> Actual	or <input type="checkbox"/> Protective

TYPE OF CLAIM INDIVIDUAL WITH INELIGIBLE SPOUSE COUPLE INDIVIDUAL CHILD CHILD WITH PARENTS

PART I — BASIC ELIGIBILITY

1. First Name, Middle Initial, Last Name	2. Birth (month, day, year)	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Social Security Number
5. Spouse (Parent(s)) Name(s)	6. Birth (month, day, year)	7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Social Security Number(s)

9. Other Names and Social Security Numbers you, your spouse (parents) used.

a. Your Other Names (including Maiden Name)	Your Other Social Security Numbers
b. Spouse's (Mother's) Other Names (including Maiden Name)	Spouse's (Mother's) Other Social Security Numbers
c. Father's Other Names	Father's Other Social Security Numbers

10. Your Place of Birth (City and State or Foreign Country)	11. Spouse's Place of Birth (City and State or Foreign Country)
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12. If you or your spouse (parents) are blind or disabled, note the date the impairment began and the type of impairment.

	Date Impairment began	Type of Impairment
Your Answer		
Spouse's (Mother's) Answer		
Father's Answer		

NOTE: If you (and your spouse applying for benefits) were United States citizens at birth, go to question 14.

13.	a. Are you a naturalized United States citizen or lawfully admitted for permanent residence in the United States? →	Your Answer <input type="checkbox"/> YES <input type="checkbox"/> NO	Spouse's Answer, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO
	b. If you are lawfully admitted for permanent residence, give the month / day / year of lawful admission. →	DATE (month, day, year)	DATE (month, day, year)

NOTE: If the individual or spouse applying for benefits is not a citizen or lawfully admitted for permanent residence, explain in "Remarks."

PART II — LIVING ARRANGEMENTS TODAY — (Use "Remarks" to explain any change between the first moment of the filing date month and today.)

14. Mark the box that describes where you live. If more than one type of residence is next to the box, put a circle around the best description.
- House, apartment, mobile home, room in commercial establishment
 Room in a private home
 School, rehabilitation center, rest, retirement or nursing home, hospital, or jail
 Foster Home
 Other (*Specify*) _____
15. Mark the box that describes with whom you live. If you live in a foster home or an institution, or if you are a transient, do not answer but explain in "Remarks."
- Alone
 Spouse / Parents and Children
 Other People

PART III — RESOURCES — (Show resources as of the first moment of the filing date month. Use "Remarks" to explain any change since that time.)

16. If you own or your name or your spouse's (*parent's*) name(s) appear on any of the following items — either alone or with other people's names, circle the item(s) and enter the total cash value of item(s) circled on each line.
- | Description | Yes | No | Dollar Value You Own | Dollar Value Spouse or Parents Own |
|---|-----|----|----------------------|------------------------------------|
| a. Cash at home, with you, or anywhere else | | | | |
| b. Savings, checking accounts, stocks, bonds | | | | |
| c. Insurance policies | | | | |
| d. Vehicles (cars, trucks, boats, motorcycles). How many _____? | | | | |
| e. Property other than the home you live in | | | | |
| e. Life estates or property you inherited | | | | |
| f. Other items that can be turned into cash | | | | |
17. Are any items listed in question 16 set aside to meet burial expenses for you or your spouse (*parents*)? (If "Yes", describe the item in "Remarks.") →
- Your Answer Yes No
 Spouse's (*Mother's*) Answer Yes No
 Father's Answer Yes No

PART IV — INCOME — (List all income received or expected to be received since the first moment of the filing date month.)

18. List cash, checks, and direct payments to bank accounts *you (your spouse / parents)* received or expect to receive. Include income from wages, self-employment, interest, social security, assistance based on need, VA, gifts, pensions, and any other type of income. Note if current income will stop in the next 3 months. Also note here if anyone pays any bills for you directly or gives you money to pay them.
- | Person Receiving Income | Type of Income | Amount | Frequency Received | Source of Income |
|-------------------------|----------------|--------|--------------------|------------------|
| | | \$ | | |
| | | \$ | | |
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| | | \$ | | |
| | | \$ | | |

REMARKS (CONTINUED)

Blank lines for remarks.

IMPORTANT INFORMATION — PLEASE READ CAREFULLY

- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
▶ If you are disabled or blind, you must accept any appropriate vocational rehabilitation services offered to you by the State agency to which we refer you.

PART VIII — SIGNATURES

I / We understand that anyone who knowingly lies or misrepresents the truth or arranges for someone to knowingly lie or misrepresent the truth is committing a crime which can be punished under Federal law, State law, or both. Everything on this application is the truth as best I / we know it.

22. Your Signature (First name, middle initial, last name) (Write in ink) Date (month, day, year) Telephone number(s) at which you may be contacted during the day Sign Here

23. Spouse's Signature (First name, middle initial, last name) (Write in ink) (Sign only if applying for payments.) Sign Here

24. Applicant's Mailing Address (Number and street, apt. no., P.O. box or rural route) City and State ZIP Code Enter name of county (if any) in which you live

25. Claimant's Residence Address (If different from applicant's mailing address) City and State ZIP Code Enter name of county (if any) in which the claimant lives

WITNESSES

26. Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses. 1. Signature of Witness 2. Signature of Witness Address (Number and Street, City, State, and ZIP Code) Address (Number and Street, City, State and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	
Telephone Number (<i>include area code</i>) to call if you have a question or something to report.	Social Security Office you may come in person or mail your request to:	

Your application for Supplemental Security Income will be processed as quickly as possible. You should hear from us within _____ days. If you do not hear from us within that time, please get in touch with us in person, by mail or call us at the telephone number shown at the top of this page.

We may need more information before we can decide whether or not you are eligible for SSI payments. If we need more information, we will contact you. In the meantime, if you move or change your mailing address, you — or someone for you - should report the change to the office shown at the top of this page.

Also, you (or someone for you) must let us know if you are admitted to a hospital or other medical facility. You could lose some SSI payments if you do not let us know right away.

Always give your Social Security number when writing or telephoning about your claim. If you have any questions about your claim, we will be glad to help you.

PAPERWORK / PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on your application form under Section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). Your response to this request is voluntary; however, as explained below, no benefits may be paid unless an application has been received by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on your application is needed to enable Social Security to determine if you are eligible for Supplemental Security Income payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your claim, and could result in the loss of some payments. Although the information you furnish on the application is rarely used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist Social Security in establishing rights to Supplemental Security income payments and (2) to comply with Federal laws requiring the release of Information from Social Security records (e.g., to the Department of Veterans Affairs.)

Computer Matching We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

Time It Takes To Complete This Form We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**