

**APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)**

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

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.**

FS-SSA/APP  FS-REFERRED

**Filing Date**

Month, Day, Year

Actual or  Protective

TYPE OF CLAIM  Individual with Ineligible Spouse  Couple  Individual  Child  Child with Parent(s)

**PART I—BASIC ELIGIBILITY—** The questions in this section pertain to the period beginning with the first moment of the filing date month through the date this application is signed unless a question specifies a different time period.

1.	(a) First Name, Middle Initial, Last Name	Birth (month, day year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number ____ / ____ / _____
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(b) Did you ever use any other names (including maiden name) or other Social Security numbers? →	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #2
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(c) Other Names and Social Security Numbers Used

2.	(a) Are you married? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
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(b) Spouse's Name (First, middle initial, last)	Birth (month, day, year)	Social Security Number ____ / ____ / _____
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(c) Did your spouse ever use any other names (including maiden name) or other Social Security Numbers? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
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(d) Other Names (including maiden name) and Social Security Numbers Used by Spouse

(e) Are you and your spouse living together? →	<input type="checkbox"/> YES	If your spouse is not filing go to #3; otherwise go to #4.	<input type="checkbox"/> NO Go to (f)
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(f) Date you began living apart      Address of spouse or name and address of someone who knows where the spouse is.

**(g) IF YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU SEPARATED SINCE THE FIRST MOMENT OF THE FILING DATE MONTH GO TO #3. IF YOUR SPOUSE IS FILING FOR SUPPLEMENTAL SECURITY INCOME, GO TO #4.**

3.	(a) Is your spouse the sponsor of an alien for supplemental security income? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
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(b) Alien's Name	Alien's Social Security Number ____ / ____ / _____
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4.	(a) Have you been married before? →	<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5	<b>Your Spouse, if filing</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5
	(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #5.				
	FORMER SPOUSE'S NAME (including maiden name)	SOCIAL SECURITY NUMBER (if none or unknown, so indicate)	DATE OF MARRIAGE	DATE MARRIAGE ENDED	HOW MARRIAGE ENDED
	You				
	Your Spouse				
5.	(a) Are you blind or disabled? →	<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #6	<b>Your Spouse</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #6
	(b) GIVE THE FOLLOWING INFORMATION:	DATE IMPAIRMENT BEGAN	NATURE OF THE IMPAIRMENT		
	You				
	Your Spouse				
6.	In what city and State or foreign country were you born? →	<b>You</b>	<b>Your Spouse, if filing</b>		
7.	Are you a United States citizen by birth? →	<input type="checkbox"/> YES Go to #11	<input type="checkbox"/> NO Go to #8	<input type="checkbox"/> YES Go to #11	<input type="checkbox"/> NO Go to #8
8.	Are you a naturalized United States citizen? →	<input type="checkbox"/> YES Go to #11	<input type="checkbox"/> NO Go to #9	<input type="checkbox"/> YES Go to #11	<input type="checkbox"/> NO Go to #9
9.	(a) Are you lawfully admitted for permanent residence in the United States? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #10	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #10
	(b) Give the month, day, and year of lawful admission for permanent residence. If date is within 3 years of the filing date, go to (c); otherwise go to #11. →	DATE		DATE	
	(c) Was your entry into the United States sponsored by any person or promoted by an institution or group? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #11	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #11
	(d) Give the following information about the person, institution, or group:				
	Name	Address	Telephone No. (Include Area Code) ( ___ ) -		
	<b>(e) GO TO #11</b>				
10.	(a) Is the Immigration and Naturalization Service (INS) aware of your presence in the United States? →	<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #11	<b>Your Spouse, if filing</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #11
	(b) Through what date will INS allow you to remain in the United States? (If indefinitely, so indicate) →	DATE (month, day, year)		DATE (month, day, year)	
11.	(a) When did you first make your home in the United States? →	DATE (month, day, year)		DATE (month, day, year)	
	(b) Have you lived outside the United States since then? →	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #12
	(c) Give dates of residence outside the United States. (Month, day, year) →	FROM:		FROM:	
		TO:		TO:	
12.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #13
	(b) Give the date (Month, day, year) you left the United States and the date you returned to the United States. →	Date Left		Date Left	
		Date Returned		Date Returned	

**PART II—LIVING ARRANGEMENTS—The questions in this section pertain to the signature date.**

13. Check the applicable block to show where you live now:

<input type="checkbox"/> House	<input type="checkbox"/> Room (commercial establishment)	<input type="checkbox"/> Transient	<input type="checkbox"/> School	<input type="checkbox"/> Rehabilitation Center
<input type="checkbox"/> Apartment	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Rest or Retirement Home	<input type="checkbox"/> Jail
<input type="checkbox"/> Room (private home)	<input type="checkbox"/> Mobile Home _____	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Foster Home				

**IF YOU ARE LIVING IN A FOSTER HOME, AN INSTITUTION, OR ARE A TRANSIENT, EXPLAIN IN REMARKS AND GO TO #21.**

14. Do you live alone or with your spouse only?  $\longrightarrow$   YES Go to #16  NO Go to #15

15. (a) Give the following information about everyone who lives with you (or with you and your spouse):

NAME	RELATIONSHIP TO YOU OR SPOUSE	SEX		DATE OF BIRTH (Month, day, year)	BLIND OR DISABLED		IF UNDER AGE 22						
		M	F		YES	NO	MARRIED	STUDENT	YES	NO			

(b) Do all the persons listed in 15(a) receive assistance or income based on need?  $\longrightarrow$   YES Go to (c)  NO Go to (c)

(c) Does anyone listed in 15(a) who is not married and under age 18 OR between ages 18-21, not married, and a student receive income?  $\longrightarrow$   YES Go to (d)  NO Go to #16

(d) CHILD RECEIVING INCOME

CHILD RECEIVING INCOME	SOURCE & TYPE	MONTHLY AMOUNT
		\$
		\$
		\$

16. (a) Do you (or does anyone who lives with you) own or rent the place where you live?  $\longrightarrow$   YES Go to #17  NO Go to (b)

(b) Name and address of person who owns or rents the place where you live: \_\_\_\_\_ Telephone number, if known (Include Area Code) ( \_ \_ \_ ) - \_\_\_\_\_

**(c) GO TO #20**

17. (a) Are you (or your living with spouse) buying or do you own the place where you live?  $\longrightarrow$   YES Go to (c)  NO If you are a child living with parent(s) go to (b); otherwise go to # 18.

(b) Are your parent(s) buying or do they own the place where you live?  $\longrightarrow$   YES Go to (c)  NO Go to #18

(c) What is the amount and frequency of the mortgage payment?  $\longrightarrow$  Amount \$ \_\_\_\_\_ Frequency of Payment \_\_\_\_\_

**(d) GO TO #20**

18.	(a) Do you (or your living with spouse) have rental liability for the place where you live? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO If you are a child living with parent(s) go to (b); otherwise go to (c).
	(b) Do your parent(s) have rental liability? →	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (c)
	(c) Does anyone who lives with you have rental liability for the place where you live? →	<input type="checkbox"/> YES Give name of person with rental liability in Remarks and go to #19.	<input type="checkbox"/> NO Give name of person with home ownership in Remarks and go to #20
	(d) What is the amount and frequency of the rent payment? →	Amount \$	Frequency of payment

19.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #20
	(b) Name of person related to landlord or landlord's spouse:	Relationship	Name and address of landlord (include telephone number and area code, if known):

20.	(a) Does anyone who does NOT live with you provide your household with all or part of the food and shelter (including payment of the bills for food, rent, or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewerage) or give the household money for these items? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	
	(b)	ITEM	CONTRIBUTOR'S NAME AND ADDRESS (TELEPHONE NUMBER AND AREA CODE IF KNOWN)	MONTHLY AMOUNT

			\$	
			\$	
			\$	
			\$	

**(c) GO TO (d) IF YOU (OR YOUR LIVING WITH SPOUSE) OWN OR RENT AND LIVE WITH OTHERS (OTHER THAN SPOUSE ONLY) BUT YOU DO NOT LIVE IN A PUBLIC ASSISTANCE HOUSEHOLD; OTHERWISE, GO TO #21.**

(d) Does anyone living with you give you (or your living with spouse) money for or help pay for all or part of your food, rent or home mortgage payments, property insurance required by the mortgage holder, real property taxes, heating fuel, gas, electricity, garbage removal, water, or sewer bills? →	<input type="checkbox"/> YES Go to #21	<input type="checkbox"/> NO Go to #21
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21.	(a) Has the information given in items #13 through #20 been the same since the first moment of the filing date month? →	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Explain in Remarks and go to (b).
	(b) Do you expect this information to change? →	<input type="checkbox"/> YES Explain in Remarks and go to #22.	<input type="checkbox"/> NO Go to #22

**PART III—RESOURCES—** The questions in this section pertain to the first moment of the filing date month.

22.	(a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →		<b>YOU</b>		<b>Your Spouse</b>	
			<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #23	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #23
(b)	OWNER'S NAME	DESCRIPTION (YEAR MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?	CURRENT MARKET VALUE	AMOUNT OWED
				YES NO		
					\$	\$
					\$	\$

23. (a) Do you own or are you buying any life insurance policies? 
 **You** YES  NO  
Go to (b) Go to #24

 **Your Spouse** YES  NO  
Go to (b) Go to #24

(b) Give the following Information on each policy:

OWNER'S NAME	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY			
Policy (#1)					
Policy (#2)					
Policy (#3)					
POLICY NUMBER	FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST	
				YES	NO
Policy (#1)	\$	\$		\$	
Policy (#2)	\$	\$		\$	
Policy (#3)	\$	\$		\$	

24. (a) Do you (either alone or jointly with any other person) own any: 
 **You** YES  NO  **Your Spouse** YES  NO  
Go to (b) Go to #25

Life estates or ownership interest in an unprobated estate? →				
Household or personal Items worth more than \$500 each? →				

(b) Give the following Information for any "Yes" answer in 24(a); otherwise go to #25

OWNER'S NAME	NAME OF ITEM	VALUE	AMOUNT OWED ON ITEM	WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION
		\$	\$	
		\$	\$	

25. (a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items? 
 **You** YES  NO  **Your Spouse** YES  NO  
Go to (b) Go to #26

Cash at home, with you, or anywhere else →				
Checking Accounts →				
Savings Accounts →				
Credit Union Accounts →				
Christmas Club Accounts →				
Certificates of Deposit →				
Notes →				
Stocks or Mutual Funds →				
Bonds →				
Other items that can be turned Into cash →				

(b) Give the following information for any "Yes" answer in 25(a), otherwise go to #26

OWNER'S NAME	NAME OF ITEM	VALUE	NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION APPROPRIATE	IDENTIFYING NUMBER
		\$		
		\$		
		\$		
		\$		

26. (a) Do you have any land, houses, buildings, real property, property in foreign countries, equipment, business, mineral rights or other money or property of any kind (including belongings held in safe deposit boxes) that have not been shown elsewhere on the application? (Include assets set aside for an emergency or to provide for your heirs.)	<b>You</b>	<b>Your Spouse</b>
	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #27

(b) Give the following information:

DESCRIPTION OF PROPERTY (If real property, include type and size of structure, acreage or lot size, location.)	HOW IS IT USED? (If not used now, when was it last used and what is next planned use.)
Item 1	Item 1
Item 2	Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT OWED ON ITEM
Item 1	\$	\$	\$	\$
Item 2	\$	\$	\$	\$

27. (a) Have you sold, transferred title, disposed of or given away any money or other property, including property or money in foreign countries, since the first moment of the filing date month or within the 30 months prior to the filing date month?	<b>You</b>	<b>Your Spouse, If filing</b>
	<input type="checkbox"/> YES (Go to (b))	<input type="checkbox"/> NO Go to #28

(b) Give the following information:

OWNER'S NAME	DATE OF DISPOSAL	DESCRIPTION OF PROPERTY
Item 1		
Item 2		

**IF THE DATE OF DISPOSAL IS BEFORE 7/1/88 AND LESS THAN 24 MONTHS PRIOR TO THE MONTH OF FILING OR IF THE DATE OF DISPOSAL IS AFTER 6/30/88, GO TO 27(c); OTHERWISE GO TO #28.**

(c) Give the following about the information in 27(b):

NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	SOLD ON OPEN MARKET	
		YES	NO
Item 1			
Item 2			
VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALES PRICE OR OTHER AGREEMENT	ARE ADDITIONAL CONSIDERATIONS OR PROCEEDS EXPECTED? EXPLAIN	
		DO YOU STILL OWN PART OF THE PROPERTY	
		YES	NO
Item 1			
\$			
Item 2			
\$			

28.	(a) Have you acquired any resource since the first moment of the filing date month? _____ →	<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)		<b>Your Spouse</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)			
(b) Explain any "Yes" answer given in 28(a)									
<b>You</b>			<b>Your Spouse</b>						
(c) Has there been any increase or decrease in the value of your resources since the first moment of the filing date month? _____ →									
<b>You</b> <input type="checkbox"/> YES Go to (d)			<input type="checkbox"/> NO Go to #29		<b>Your Spouse</b> <input type="checkbox"/> YES Go to (d)		<input type="checkbox"/> NO Go to #29		
(d) Explain any "Yes" answer given in 28(c)									
<b>You</b>			<b>Your Spouse</b>						
29.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #22 through #26 and item #28. _____ →					<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30	<b>Your Spouse</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30
(b)		DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)	VALUE	WHEN SET ASIDE (Month, Day, Year)	OWNER'S NAME				
		Item 1	\$						
		Item 2	\$						
		FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?					
		Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #30		<input type="checkbox"/> NO Explain In (c)			
		Item 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #30		<input type="checkbox"/> NO Explain In (c)			
(c) Explanation:									
Item 1									
Item 2									
30.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? _____ →					<b>You</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #31	<b>Your Spouse</b> <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #31
(b)		OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR SPOUSE	CURRENT MARKET VALUE (if applicable)			
						\$			
						\$			

**PART IV—INCOME—The questions in this section specify time period.**

31. (a) Since the first moment of the filing date month, have you received or do you expect to receive income in the next 14 months from any of the following sources?	YOU		YOUR SPOUSE	
	YES	NO	YES	NO
<b>FEDERAL BENEFITS:</b>				
Social Security				
Railroad Retirement				
Veterans Administration (Based on need/not based on need)				
Office of Personnel Management (Civil Service)				
Military Pension, Special Pay, or Allowance				
Black Lung				
Bureau of Indian Affairs				
Earned Income Tax Credits				
<b>STATE/LOCAL BENEFITS:</b>				
Unemployment Compensation				
Workers' Compensation				
State Disability				
State or Local Pension				
Aid to Families with Dependent Children				
State or Local Assistance Based on Need				
<b>PRIVATE BENEFITS:</b>				
Employer or Union Pension				
Insurance or Annuity Payments				
<b>MISCELLANEOUS:</b>				
Interest (bank accounts, stocks, CD's, etc.)				
Rental/Lease Income				
Dividends/Royalties				
Alimony				
Child Support				
<b>OTHER INCOME NOT PREVIOUSLY MENTIONED</b>				

(b) Give the following information for any "Yes" answer in 31 (a), otherwise go to #32.

PERSON RECEIVING	TYPE OF INCOME	AMOUNT	FREQUENCY	DATES EXPECTED OR RECEIVED	SOURCE (Name/Address of Person, Bank, Company, or Organization)	IDENTIFYING NUMBER
You		\$		From: _____		
				To: _____		
You		\$		From: _____		
				To: _____		
You		\$		From: _____		
				To: _____		
Your Spouse		\$		From: _____		
				To: _____		
Your Spouse		\$		From: _____		
				To: _____		
Your Spouse		\$		From: _____		
				To: _____		



32.	Since the first moment of the filing date month, have you received or do you expect to receive any clothing, meals, or other gifts which are not cash? <span style="float:right">→</span>	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks and go to #33	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in Remarks and go to #33				
33.	(a) Have you received wages since the first moment of the filing date month through the current month? <span style="float:right">→</span>	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)      Go to (d)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)      Go to (d)				
(b) Name and Address of Employer (include telephone number and area code, if known)							
<b>You</b>		<b>Your Spouse</b>					
(c) Total wages received (before any deductions) for each month:							
<b>You</b>	Month(s)						
	Amounts						
<b>Your Spouse</b>	Month(s)						
	Amounts						
(d) Do you expect to receive any wages in the next 14 months? <span style="float:right">→</span>		<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (e)      Go to #34	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (e)      Go to #34				
(e) Name and address of employer if different from 33(b) (include telephone number and area code, if known)							
<b>You</b>		<b>Your Spouse</b>					
(f) Give the following information.							
RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (Month, day, year)		
<b>You</b>	\$      per						
<b>Your Spouse</b>	\$      per						
(g) Do you expect any change in wage information provided in 33(f)? <span style="float:right">→</span>		<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (h)      Go to (34)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (h)      Go to (34)				
(h) Explain change:							
<b>You</b>		<b>Your Spouse</b>					
34.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)      Go to (35)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)      Go to (35)				
(b) Give the following information:							
TYPE OF BUSINESS		LAST YEAR'S:		THIS YEAR'S:			DATES OF SELF-EMPLOYMENT
		GROSS INCOME	NET		GROSS INCOME	NET	
<b>You</b>		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$
<b>Your Spouse</b>		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$

**IF YOU OR YOUR SPOUSE ARE DISABLED AND RECEIVE WAGES OR EXPECT TO RECEIVE WAGES OR ARE SELF-EMPLOYED OR EXPECT TO BE SELF-EMPLOYED, ANSWER #35: OTHERWISE, GO TO #36.**

35.	Do you have any special expenses related to your illness or injury that you paid which are necessary for you to work? →	<input type="checkbox"/> YES    You <input type="checkbox"/> NO Describe in    Go to #36 Remarks and go to #36	<input type="checkbox"/> YES    Your Spouse <input type="checkbox"/> NO Describe in    Go to #36 Remarks and go to #36
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**IF YOU ARE FILING AS A CHILD, AND YOU ARE EMPLOYED OR AGE 18-22 (WHETHER EMPLOYED OR NOT), GO TO #36; OTHERWISE, GO TO #37.**

36.	(a) Have you attended school regularly since the filing date month? →	<input type="checkbox"/> YES    Go to (d)	<input type="checkbox"/> NO    Go to (b)
	(b) Have you been out of school for more than 4 calendar months? →	<input type="checkbox"/> YES    Go to (c)	<input type="checkbox"/> NO    Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months? →	<input type="checkbox"/> YES    Explain absence in Remarks and go to (d)	<input type="checkbox"/> NO    Go to #37
(d) Give the following information:			
NAME AND ADDRESS OF SCHOOL		NAME OF PERSON AT SCHOOL WE MAY CONTACT	
		DATES OF ATTENDANCE	
		FROM	TO
		HOURS ATTENDING OR PLANNING TO ATTEND:	
		( _ _ _ ) -	
COURSE OF STUDY			

**PART V—POTENTIAL ELIGIBILITY FOR OTHER BENEFITS/FOOD STAMPS/MEDICAL ASSISTANCE**

37.	(a) Have you or a former spouse (or if you are filing as a child, have you or your parents) ever:	YOU		YOUR SPOUSE	
		YES	NO	YES	NO
	Worked for a railroad?				
	Been in military service?				
	Worked for the Federal government?				
	Worked for a State or local government?				
	Worked for an employer or belonged to a union with a pension plan?				
	Done work that was covered under the Social Security system or pension plan of a country other than the United States?				
(b) Explain and include dates (if appropriate) for any "Yes" answer given in 37(a); otherwise go to #38.					
<b>YOU</b>			<b>YOUR SPOUSE</b>		

38.	(a) Are you currently receiving food stamps or has a food stamp application been filed for you within the past 60 days on which there has not been a decision? →	<b>You</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to # 39    Go to (b)	<b>Your Spouse if filing</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #39    Go to (b)
	(b) Do you wish to apply for food stamps? →	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
39.	<b>Where this application is an application for Title XIX under the Social Security Act, I/we understand that If I/we refuse to assign my/our rights to medical support and payments for medical care from any individual or private, group, or government health insurance, or refuse to cooperate in giving information regarding any health insurance I/we may have, that the Social Security Administration cannot determine whether I am/we are eligible for Medicaid and that I/we must then apply for Medicaid at the Medicaid agency. I/we also understand that as a condition to become eligible for Medicaid, I/we must cooperate with the Medicaid agency in establishing paternity and in obtaining medical support and payments from third party payers.</b>		
<b>IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, GO TO 39(b).</b>			
	(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency? →	<b>You</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)    Go to #40	<b>Your Spouse if filing</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)    Go to #40
	(b) Do you, your spouse, parent or step-parent have any private, group, or government health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid) →	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month? →	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

## PART VI—MISCELLANEOUS

**ANSWER #40 ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE, GO TO #41.**

40.	(a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number	
			— — — / — — / — — — —	
	(b) Do you wish to be selected as the claimant's representative payee? →	<input type="checkbox"/> YES	If you are applying on behalf of a child go to (c); otherwise go to #41.	<input type="checkbox"/> NO Explain in Remarks and go to #41.
	(c) Are you the natural or adoptive parent with custody? →	<input type="checkbox"/> YES	Go to (d)	<input type="checkbox"/> NO Go to (d)
	(d) Have you ever been convicted of a felony? →	<input type="checkbox"/> YES	Explain in Remarks and go to (e)	<input type="checkbox"/> NO Go to (e)
	(e) Are you serving, or have you ever served, as representative payee for anyone receiving a Social Security or Supplemental Security Income benefit? →	<input type="checkbox"/> YES	Enter SSN's in Remarks and go to (f)	<input type="checkbox"/> NO Go to (f)
	(f) Does the claimant have a legal representative or a legal guardian appointed by a court? →	<input type="checkbox"/> YES	If you are NOT the legal rep/guardian, go to (g); otherwise go to (h).	<input type="checkbox"/> NO Go to #41
	(g) Give the following information about the legal representative or legal guardian:			
Name		Address	Telephone Number (Include area code, if known)	
			( — — — ) -	
(h) Explain what led the court to appoint a legal representative or a legal guardian.				



**IMPORTANT INFORMATION—PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ 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.**

41.	Your Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> )	Date ( <i>Month, day, year</i> )	
	<b>SIGN HERE</b>	Telephone number(s) at which you may be contacted during the day ( _____ ) - AREA CODE	
42.	Spouse's Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> ) <b>(Sign only if applying for payments.)</b>		
	<b>SIGN HERE</b>		
43.	<b>DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)</b>		
	<b>FOR OFFICIAL USE ONLY</b>	Routing Transit Number	C/S
		Depositor Account Number	<input type="checkbox"/> No Account <input type="checkbox"/> Direct Deposit Refused
44.	Applicant's Mailing Address ( <i>Number and Street, Apt. No., P. O. Box or Rural Route</i> )		
	City and State	ZIP Code	Enter name of county ( <i>if any</i> ) in which you live
45.	Claimant's Residence Address ( <i>If different from applicant's mailing address</i> )		
	City and State	ZIP Code	Enter name of county ( <i>if any</i> ) in which the claimant lives

**WITNESSES**

46.	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 ( <i>Number and Street, City, State, and ZIP Code</i> )	Address ( <i>Number and Street, City, State, and ZIP Code</i> )

## RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

NAME	SOCIAL SECURITY NUMBER _ _ _ / _ _ / _ _ _ _ _	DATE
NAME	SOCIAL SECURITY NUMBER _ _ _ / _ _ / _ _ _ _ _	
Telephone Number (include area code) 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. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within \_\_\_\_\_ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or a notice of determination within that time, please get in touch with us in person, by mail, or by calling the telephone number shown above.

### 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 34 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.**

### REPORTING RESPONSIBILITIES

**The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change—while we process your application AND if you start receiving Supplemental Security Income.**

**Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or a child who lives with you, or your sponsor or sponsor's spouse if you are an alien. You must also report changes in things of value that these people own.**

**You must tell us about any change within 10 days after the month it happens. If you do not report changes, We may have to take as much as \$25, \$50, or \$100 out of future checks.**



#### HOW TO REPORT

**You can make your reports by telephone at the telephone number shown above or you may report in person or by mail at the address shown above. See reverse side of this page for "Changes to Report."**

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## CHANGES TO REPORT

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### WHERE YOU LIVE – You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

### HOW YOU LIVE – You must report to Social Security if:

- Someone moves into or out of your household.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
  - You get married, separated, divorced, or your marriage is annulled.
  - You separate from your spouse or start living together again after a separation.
  - You begin living with someone as husband and wife.

### INCOME – You must report to Social Security if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

### HELP YOU GET FROM OTHERS – You must report to Social Security if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

### THINGS OF VALUE THAT YOU OWN – You must report to Social Security if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

### YOU ARE BLIND OR DISABLED – You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.
- You stop going to or refuse any vocational rehabilitation services.
- You stop going to or refuse treatment for drug addiction or alcoholism.

### YOU ARE UNMARRIED AND UNDER AGE 22 – A report to Social Security must be made if:

- If you are under age 18 and live with your parent(s), ask your parent(s) to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You start or stop school.
- You get married.

### YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES – You must report any change to Social Security.

### YOU ARE SELECTED AS A REPRESENTATIVE PAYEE – You must report to Social Security if:

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.