

**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.**

☐ DEFERRED☐ ABAP☐ 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 PARENTS

**PART I – BASIC ELIGIBILITY**

1.	First Name, Middle Name, 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)	
12.	If you or your spouse (parents) are blind or disabled, note the date the impairment began and 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)
	<b>NOTE:</b> 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.
- |   |   |
|---|---|
| <input type="checkbox"/> House, apartment, mobile home, room in a commercial establishment                  | <input type="checkbox"/> Room in a private home |
| <input type="checkbox"/> School, rehabilitation center, rest, retirement or nursing home, hospital, or jail | <input type="checkbox"/> Foster Home            |
|   | <input type="checkbox"/> 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.”
- |                                |  |                                       |
|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Spouse / Parents and Children | <input type="checkbox"/> 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                    | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| b. Savings, checking accounts, stocks, bonds                   | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| c. Insurance policies  | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| d. Vehicles (cars, trucks, boats, motorcycles). How many ____? | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| e. Property other than the home you live in                    | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| f. Life estates or property you inherited                      | <input type="radio"/> | <input type="radio"/> |                      |                                    |
| g. Other items that can be turned into cash                    | <input type="radio"/> | <input type="radio"/> |                      |                                    |
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                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spouse ( <i>Mother's</i> ) Answer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Father's Answer                   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|-------------------------|----------------|--------|--------------------|------------------|
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |
|                         |                | \$     |                    |                  |

19.	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?	Your Answer <input type="radio"/> YES <input type="radio"/> NO	Spouse's Answer, if filing <input type="radio"/> YES <input type="radio"/> NO
20.	If "No", do you want to apply for food stamps?	Your Answer <input type="radio"/> YES <input type="radio"/> NO	Spouse's Answer, if filing <input type="radio"/> YES <input type="radio"/> NO

**ANSWER #21 ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE, GO TO #22.**

21.	Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number
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**REMARKS (CONTINUED)****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 declare under penalty of perjury that I/we have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my/our knowledge.**

22.	Your Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> )		Date ( <i>month, day, year</i> )
			Telephone number(s) at which you may be contacted during the day
23.	Spouse's Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> ) <b>(Sign only if applying for payments.)</b>		
24.	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
25.	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**

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