



Signatures

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

I/We understand that the Social Security Administration (SSA) will check my/our statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.

By submitting this application, I am/we are authorizing SSA to obtain and disclose information related to my/our income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my/our wages, account balances, investments, insurance policies, benefits, and pensions.

I/We declare under penalty of perjury that I/we have examined all the information on this form and it is true and correct to the best of my/our knowledge.

Please complete Section A. If you cannot sign, a representative may sign for you. If someone assisted you, complete Section B as well.

SECTION A

Your Signature:	Date:	Phone Number: () —
Spouse's Signature:	Date:	
Your Mailing Address:	Apt. #:	
City:	State:	Zip Code:

If you changed your mailing address within the last three months, place an here:

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone number.

Print First Name:	Print Last Name:	Phone Number: () —
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SECTION B

If someone assisted you, place an in the box that describes that person and provide the rest of the information requested below.

Family Member
 Attorney
 Other Advocate
 Other Specify: _____
 Friend
 Agency
 Social Worker _____

Print First Name:	Print Last Name:	Phone Number: () —
Address:	Apt. #:	
City:	State:	Zip Code: