SOCI	AL SECURITY ADMINISTRATION TEL		_	OMB No. 0960-0229
AP	PLICATION FOR SUPPLEMENTAL SECURITY	INCOME (SSI)		Write in This Space ATE STAMP
N	ote: Social Security Administration staff or others who help p SSI will fill out this form for you.	people apply for		
	m/We are applying for Supplemental Se	<u>-</u>		
	ome and any federally administered St oplementation under Title XVI of the So		Filing Date (Mon	th, Day, Year)
-	t, for benefits under the other program	-		
	ninistered by the Social Security Admi		Receipt	Protective
	d where applicable, for medical assista			
	le XIX of the Social Security Act.		FS-SSA/AF	PP S-REFERRED
	•		Preferred Langua Written:	~
			written:	Spoken:
TYP	E OF CLAIM Individual Individual with Ineligible Spou		Child	Child with Parents
PAF	RT IBASIC ELIGIBILITY Answer the questio the filing date mont		ning with the	first moment of
1.	(a) First Name, Middle Initial, Last Name Sex Male	Birthdate (month, day, yea	Social Secu	rity Number
	Fem	ale		
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?	☐ YES Go to	(c)	NO Go to (d)
	(c) Other Name(s)	Other Social Sec	curity Number(s) Used
	(d) If you are also filing for Social Security Benefits, g	o to #2; otherwise	complete the f	ollowing:
	Mother's Maiden Name:	Father's Name:		Go to #2
2.	(a) Are you married?	☐ YES Go to	o (b)	NO Go to #3
	(b) Date of marriage: (month, day, year)	-1		
	(c) Spouse's Name (First, middle initial, last)	Birthdate (month, day, year)	Social Sec	curity Number
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?	YES Go to) (e)	NO Go to (f)
	(e) Other Name(s)	Other Social Sec	curity Number(s) Used
	(f) Are you and your spouse living together?	YES Go to	» #3	NO Go to (g)
	(g) Date you began living apart : (month, day, year)			

2.	(h) Address of spouse blind or disabled.)	or name of someone who know	s where spo	use is. (Comple	ete only if spo	ouse is age 65,
3.	(a) Have you had any o		YES Go to (b)	You NO Go to #4	Your Spa	ouse, if filing NO Go to #4
		nformation about your former sp ormation in Remarks and go to a		ere was more th	nan one forme	er marriage,
		YOU		\	YOUR SPOUS	E
	FORMER SPOUSE'S NAME (including maiden name)					
	BIRTHDATE (month, day, year)					
	SOCIAL SECURITY NUMBER					
	DATE OF MARRIAGE (month, day, year)					
	DATE MARRIAGE ENDED (month, day, year)					
	HOW MARRIAGE ENDED					
4.	If you are filing for you	rself, go to (a); if you are filing f	or a child, g		T	_
	(a) Are you unable to vinjuries or conditions?	ork because of illnesses,	YES Go to (b)	You NO Go to #5	Yes Go to (b)	r Spouse NO Go to #5
	(b) Enter the date you I	pecame unable to work.		n, day, year)		, day, year)
	(c) What are your illne	sses, injuries or conditions?				
		You		Your	Spouse	
		Go to (d)				Go to (d)
	have a parent who is a	to work because of illnesses, in ge 62 or older, unable to work b ne:	ecause of il	lnesses, injuries	or conditions	
		ity Number:				
	 NO					Go to #5
	(e) When did the child	become disabled?	(month, day, y	/ear)		Go to (f)
	(f) What are the child's	s disabling illnesses, injuries or c	onditions?			GO (0 (1)
						Go to (g)

4.	conditions, or	child have a parent(s) who is a deceased?	ge 62 or o	der, unable to	work bec	ause of illness	s, injurie	es, or	
	YES Par	ent's Name:							
		cial Security Number:							
		dress:							
	□ NO							Go to #5	
5.	Birthplace	City		State		Country (if o	ther tha	an the U.S.)	
	You								
	Your Spouse, if filing							Go to #6	
6.	Are you a Un	ited States citizen by birth?		YES Go to #12	ou NO Go to #	YES		, if filing NO So to #7	
7.	Are you a nat	turalized United States citizen?		☐ YES Go to #12	□ NO Go to #	YES Go to #1	[12 (□ NO Go to #8	
8.	(a) Are you a United States	n American Indian born outside s?	e the	YES Go to (b)	∏ NO Go to (d	YES Go to (b]	☐ NO Go to (c)	
	(b) Check the	block that shows your Americ	an Indian s	status.		•			
		You		_	Your S	Spouse, if filin	ıg		
	☐ Americar	n Indian born in Canada	Go to #12	Americar	n Indian bo	orn in Canada		Go to #12	
	Member o	of a Federally recognized Indian	Tribe;	Member	ed India	n Tribe;			
	Name of	Tribe	Go to #12	Name of	Go to #12				
		erican Indian Remarks, then Go to (c)		Other American Indian Explain in Remarks, then Go to (c)					
	(c) Check the	e block below that shows your	current immigration status						
		You			Your S	Spouse, if filin	ıg		
	Amerasia	n Immigrant	Go to #9	Amerasia	an Immigra	ant		Go to #9	
	☐ Lawful Pe	rmanent Resident	Go to #9	☐ Lawful P	ermanent	Resident		Go to #9	
	Refugee Date of er	ntrv:	Go to #11	Refugee Date of e	entrv:			Go to #11	
	Asylee			Asylee	,				
		<u> </u>	Go to #11		tus grante			Go to #11	
	Condition Date state		Go to #11	Condition Date stat		Go to #11			
	☐ Parolee fo	or One Year	Go to #11	Parolee f	or One Ye	ar		Go to #11	
	☐ Cuban/Ha	itian Entrant	Go to #11	☐ Cuban/H	aitian Entr	ant		Go to #11	
Deportation/Removal Withheld Date: Go to #11 Cuban/Haitian Entrail Deportation/Removal Date: Deportation/Removal Date:						val Withheld		Go to #11	
	Other Explain in	Remarks, then Go to (d)		Other Explain ir	n Remarks	, then Go to ((d)		

8.	lawfully admitted permanent resident alie				a child of a C	os ciuzen, or	
9.	If you are lawfully admitted for permaner	t residence:					
	(a) Date of Admission		(month	You , day, year)	Your Spouse (month, day, year)		
	(b) Was your entry into the United States by any person or promoted by an instituti	-	YES Go to (c)	□ NO Go to (d)	YES Go to (c)	NO Go to (d)	
	(c) Give the following information about t	he person, ins	titution, or g	group, then Go t	o (d):		
	Name		Address	1	Telepho	one Number	
					()	-	
	(d) What was your immigration status, if adjustment to lawful permanent resident?	-	Status:	You	Your Spo Status:	use, if filing	
			(mo	onth, day, year)	From:	nth, day, year)	
			To:		To:	Go to (e)	
	(e) If filing as an adult, did your parents e the United States before you were age 18		☐ YES Go to (f)	☐ NO Go to #11	YES Go to (f)	☐ NO Go to #11	
	(f) Name and Social Security Number of parent(s) who		worked.				
	Name		Social Secu	urity Number			
	Name		Social Secu	urity Number			
10.	(a) Have you, your child or your parent, be subjected to battery or extreme cruelty we United States?		YES Go to (b)	You NO Go to #12	Your Spo Section (b)	ouse, if filing NO Go to #12	
	(b) Have you, your child, or your parent f petition with the Department of Homelan for a change in immigration status becausubjected to battery or extreme cruelty?	d Security	YES Go to #11	□ NO Go to #12	YES Go to #11	NO Go to #12	
11.	Are you, your spouse, or parent an active member or a veteran of the armed forces United States?	•	YES Explain in #57(b), the Go to #12		YES Explain in #57(b), the Go to #12		
12.	(a) When did you first make your home in States?	the United	(month	ı, day, year)	(month,	day, year)	
	(b) Have you lived outside of the United S then?	tates since	YES Go to (c)	☐ NO Go to #13	YES Go to (c)	NO Go to #13	
	(c) Give the dates of residence outside the States.	e United	(month From: To:	ı, day, year)	(month, From: To:	day, year)	
13.	(a) Have you been outside the United Starstates, District of Columbia and Northern Islands) 30 consecutive days prior to the	Mariana	YES Go to (b)	NO Go to #14	YES Go to (b)	NO Go to #14	

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the		Date Left:		Date Left:	
	United States.		Date Retu	rned:	Date Returne	d:
	IF YOU ARE FILING ON BEHALF OF YOUR CH IF YOU ARE MARRIED AND YOUR SPOUSE IS YOU LIVED TOGETHER AT ANY TIME SINCE #14; OTHERWISE GO TO #15.	NOT FIL	ING FOR S			
14.	(a) Is your spouse/parent the sponsor of an ali is eligible for supplemental security income?	en who	☐ YES	Go to (b)	□ No	Go to #15
	(b) Eligible Alien's Name		Eligible Al	ien's Social Secur	ity Number	
						Go To #15
15.	(a) Do you have any unsatisfied felony warran your arrest?	ts for	YES Go to (b)	You NO Go to #16	Your Spot YES Go to (b)	use, if filing NO Go to #16
	(b) In which state or country was this warrant	t issued?	Name o	f State/Country	Name of St	ate/Country
				Go to (c)		Go to (c)
	(c) Was the warrant satisfied?		YES Go to (d)	□ NO Go to #16	YES Go to (d)	☐ NO Go to #16
	(d) Date warrant satisfied		month, da	ate, year	month, date,	year
16.	(a) Do you have any unsatisfied Federal or Sta warrants for violating the conditions of probat parole?		YES Go to (b)	You NO Go to #17	Your Spou YES Go to (b)	use, if filing NO Go to #17
	(b) In which state or country was the warrant	issued?	Name of	State/Country	Name of Sta	te/Country
				Go to (c)	+ _	Go to (c)
	(c) Was the warrant satisfied?		YES	□NO	YES	∐ NO
			Go to (d)	Go to #17	Go to (d)	Go to #17
	(d) Date warrant satisfied		month, da	ıy, year	month, day, y	/ear
PAF	RT II - LIVING ARRANGEMENTS - The o	question	s in this	section refer to	the signat	ure date.
17.	Check the block which best describes your pre	esent livir	ıg situatior	n:		
	Household	Si	nce (montl	n, day, year)	Go 1	to #22
	Non-Institutional Care	Si	nce (montl	n, day, year)	Go t	to #20
	Institution	Si	nce (montl	n, day, year)	Go	to #18
	Transient	Si	nce (montl	to #35		

		INSTITUT	TION	
18.	Check the block that identifies the type	e of institution w	here you currently resid	e, then Go to #19:
•	School		Rehabilitation C	Center
	☐ Hospital		☐ Jail	
	Rest or Retirement Home		Other (Specify)	
,	☐ Nursing Home			
19.	Give the following information about the	he INSTITUTION:		
•	(a) Name of institution:			
,	(b) Date of admission:			
	(c) Date you expect to be released from	n this institution:		
				Go to #35
		NON-INSTITUTIO		
20.	Check the block that best describes you	our current reside	nce, then Go to #21:	
	Foster Home Group Home	Other (Spe	ecify)	
21.	Give the following information about y	our Noninstitutio	nal Care:	
	(a) Name of facility where you live:			
	(b) Name of placing agency	A	ddress	Telephone Number
				() -
	(c) Does this agency pay for your roon	n and board?		
	YES Go to #35 NO If No	O, who pays?		Go to #35
	ŀ	HOUSEHOLD ARR	ANGEMENTS	
22.	Check the block that describes your co	urrent residence,	then Go to #23:	
	☐ House		☐ Mobile Home	
	☐ Apartment		Houseboat	
	Room (private home)		Other (Specify)	
	Room (commercial establishme	nt)		
23.	Do you live alone or only with your spo	ouse?	YES Go to #2	25 NO Go to #24

		Puk						d or		If Under 22 Married Stud			ļ
			tance		ex	Birthdate		bled					Social Security
Name	Relationship	YES	NO	М	F	mm/dd/yy	YES	NO	YES	NO	YES	NO	Number
anyone listed is ur	dor ago 22 an	d not r	marrio	4 G	0 to	(b): othorw	iso G	c to	#25				
arryone listed is di	ider age 22 am	u not i	Hairie	ı, u	0 10	(D), Otherw	136, 0	JO 10 :	π23.				_
) Does anyone liste	ed in 24(a) wh	o is un	der ag	je 1	8, O	R	VE	s C.	o to (c			П	NO Go to #25
etween ages 18-22	2 and a student	t, recei	ive inc	ome	e?		TE	5 (1)	ט נט (ט	,			NO G0 t0 #25
(c) Child Receiv	ving Income					Source ar	nd Ty _l	pe				M	onthly Amount
												\$	
		+											
												\$	
												\$	
												\$	
		-											
												\$	
												\$	
T												<u> </u>	
5. (a) Do you (or d			s with	you	ı) ov	vn 📗	YES	S Go	o to #2	26	Γ	No	Go to (b)

25.	(b) Name of person who owns or rents the place where you live	,	Address				Teleph	none	e Num	nber
						()		-	
	(c) If you live alone or only with you	r spouse, and do n	ot own	or ren	t, Go to #35	5; oth	nerwise	e, G	o to #	[‡] 29.
26.	(a) Are you (or your living with spou you own the place where you live?	se) buying or do		YES Go to	(c)		with	you	ır pare	nild living ent(s) Go ise Go to
	(b) Are your parent(s) buying or do t where you live?	hey own the place		YES	Go to (c)] NO	Go	to #2	27
	(c) What is the amount and frequenc	cy of the mortgage	paymen	ıt?						
	Amount: \$	I	Frequenc	cy of F	Payment:		(Go t	o (d)	
	(d) If you are a child living only with subject to deeming, or with others in Go to #35; otherwise Go to #29.									
27.	(a) Do you (or your living with spous liability for the place where you live?			YES	Go to (d)		with y	our	pare	ild living nt(s) Go se Go to
	(b) Does your parent(s) have rental li	ability?		YES	Go to (d)			10	Go to	o (c)
	(c) Does anyone who lives with you	have rental liability	for the	place	where you	live?				
	YES Give name of person with	rental liability:							G	3o to #28
	NO Give name of person with h	ome ownership:							G	Go to #29
	(d) What is the amount and frequenc	cy of the rent paym	nent?							
	Amount: \$		Freque	ncy of	Payment:					
									G	Go to #28
28.	(a) Are you (or anyone who lives wit or child of the landlord or the landlor			YES	Go to (b)			10	Go to	o (c)
	(b) Name of person related to landlo or landlord's spouse	rd Relationship			dress of land Grea code, if			e te	lepho	ne
	(c) If you are a child living only with subject to deeming, or with others in Go to #35.									
29.	(a) Does anyone living with you cont household expenses? (NOTE: See lis expenses in #34)			YES	Go to (b)			10	Go to	o #30
	(b) Amount others contribute: \$								G	io to #30

30.	(a) Do you eat all your meals out?		YES	Go to #31	☐ NO	Go to (b)
	(b) Do you buy all your food separately from other household members:		YES	Go to #31	□ №	Go to #31
31.	Do you contribute to household expenses?					
	YES Average Monthly Amount: \$		_ Go	to #32		
	□ NO Go to #32					
32.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?		YES	Go to (b)	□ №	Go to #32(d)
	(b) Give the name, address and telephone number of the	e persor	n with	whom you have	e a loan agre	ement:
	(c) Will the amount of this loan cover your share of the household expenses?		YES	Go to #35	□ №	Go to (d)
	(d) If you contribute toward household expenses and you you answered "YES" to either 30(a) or 30(b), Go to If you do not contribute toward household expenses	#34.		NO" to both 30	(a) & (b), Go	To #33. If
33.	(a) Is part or all of the amount in #31 just for food?					
	YES Give Amount: \$			Go to (b)	∐ NO	Go to (b)
	(b) Is part or all of the amount in #31 just for shelter?					
	YES Give Amount: \$			Go to #34	□ NO	Go to #34
34.	What is the average monthly amount of the following h (Show average over the past 12 months unless you have months. If so, show average for the months you have	/e been	residir	ng at your prese		ess than 12
	CASH EXPENSES			AVERAGE MOI	NTHLY AMO	UNT
	Food (complete only if #30(a) & (b) are answered NO)	\$				
	Mortgage or Rent	\$				
	Property Insurance (if required by mortgage lender)	\$				
	Real Property Taxes	\$				
	Electricity	\$				
	Heating Fuel	\$				
	Gas	\$				
	Sewer	\$				
	Garbage Removal	\$				
	Water	\$				
	TOTAL	\$				Go to #35

35.		inyone who doe: or shelter items	s NOT LIVE with you pay for, ?	or provide y	ou or your hou	sehold (if appl	icable), any of
	YES	Name of Provid	der (Person or Agency)				
		List of Items _					
		Monthly Value	:\$				
	□ NO						Go to (b)
		•	s NOT LIVE with you give you hold's food or shelter items?	u, or your h	ousehold (if app	olicable), mone	ey to pay for
	☐ YES	Name of Provid	der (Person or Agency)				
		List of Items _					
		Monthly Value	:\$				
	□ NO						Go to #36
36.		_	ven in #17-35 been the same the filing date month?	YES	Go to (b)		in in Remarks, Go to (b)
	(b) Do you	ı expect any of	this information to change?	-	S Ilain in Remarks n Go to #37		io to #37
	RT III-RES	SOURCES-The	e questions in this sectio	n pertain t	o the first m	oment of the	e filing date
37.	alone or w	vith other people	our name appear on, either e, the title of any vehicles camper, boat, etc.)?	YES Go to (b)	You NO Go to #38	Your YES Go to (b)	Spouse NO Go to #38
	(b) Owne	er's Name	Description (Year, Make & Model)	Use	d For	Current Market Value	Amount Owed
						\$	\$
						\$	\$
						\$	\$
						\$	\$
38.	(a) Do you policies?	ı own or are you	u buying any life insurance	☐ YES Go to (b)	You NO Go to #39	Your YES Go to (b)	Spouse NO Go to #39

38.	(b)	Ow	vner's Name	Name of Insure	ed		& Add		F	Policy	Numbe	r
	Policy (#1)											
	Policy (#2)											
	Policy (#3)											
		l							Divid	Dividends la		
		F	ace Value	Cash Surrender V	'alue	Date	of Pur	chase	YES	NO	YES	NO
	Policy (#1)	\$		\$								
	Policy (#2)	\$		\$								
	Policy (#3)	\$		\$								
	(c) Loans A	Against F	Policy? YES	mber:					•			NO
			Amount:						_		Go 1	to #39
39.	(a) Do you	leither a				Y	ou		Y	our Sp		
	(a) Do you (either alone or jointly wi person) own any:			tri diriy otrici	`	/ES	N	0	YES		NC)
	Life est estate?		ownership interes	t in an unprobated								
	ltems a		or held for their v	value as an								
	(b) Give th	e followi	ng information fo	or any "Yes" answe	r in #3	39(a); ot	herwise	, Go to	#40.			
	Owner's	Name	Name of Item	Value	Amo				me & Address of Bank or Other Organization			
				\$ \$		\$						
				\$	\$							
				\$	\$							
				\$	\$							
- O D	M 664 900	00 DK /4	1 (0007)	Dama	11							

0.	(a) Do you own, or alone or with any o	-	•	Y	ou	You	r Spouse
	following items?	F	-, ,	YES	NO	YES	NO
	-Cash at home, wit	h you, or anywhere	e else				
	-Financial Institutio	n Accounts					
	Checking						
	Savings						
	Credit Unio	n					
	Christmas (Club					
	Time Depos	sits/Certificates of I	Deposit				
	Individual Ir	ndian Money Accou	ınt				
	-Other (Including IF	RAs and Keough Ac	counts)				
	(b) If all the items in #40(a) are answered "information:			#41. For any	TYES" answe	r, give the fo	 ollowing
	Owner's/Trustee's Name				ddress of Bank Organization	or Other	ldentifying Number
			\$				
			\$				
			\$				
	(a) Do you give us	Permission to obta	I iin any financial	Y	ou .	Your Sp	ouse, if filing
	records from a	any financial institu	tion?	☐ YES Go to (b)	□ NO Go to (b)	YES Go to (b)	☐ NO Go to (b)
		r does your name a	ppear on any of	Y	ou	You	r Spouse
	the following	the following items:		YES	NO	YES	NO
	-Stocks or Mutual I	Funds					
	-Bonds (Including U	J.S. Savings Bonds)					
	-Promissory Notes						
	-Trusts						
	-Other items that c	an be turned into c	ash				
	<u> </u>			1	1		1

Owner's/Trustee's						
Name	Name of Item	Value	Name &	Address of Bank	or Other	Identify Number
Name	Name of item			Organization		Numbe
	\$					
	<u> </u>	 \$				
	\$	 \$				
(a) Do you have any property, property in mineral rights, items aside for emergencial property of any kind anywhere else on the	a foreign country, in a safe deposit bes or for your heirs, that has not been s	equipment, ox, assets set or any other	YES Go to (b)	You NO Go to #43	YES Go to (b)	our Spouse NO Go to #
(b) Describe the propand what is next pla		, location, and	how it is us	ed. If not used n	ow, when	was it last i
Item #2						
				Value Mortgage		
Owner's Name	Estimated Curre Market Value	I lav Acc	essed Value	Mortgage		Owed on Ite
Owner's Name		I lav Acc	essed Value	Mortgage \$	\$	Owed on Iter
Owner's Name	Market Value	lax Ass	essed Value			Owed on Ite

	•		your spouse of the filing			asse	ets	since			YES	Go to	(b)			NO	G	io to (c)
	(b) Explain:																	
	value of yo	u or y	en any increa our spouse's iling date mo	s r	esources sir						YES	Go to	(d)			NO	G	io to #44
	(d) Explain:																	
44.	4. (a) Have you or your spouse sold, transferred			ed t	itl	e,			Y	ou				You	·S	pouse		
	property, (i countries),	ncludi since	ven away, a ing money or the first mor the 36 mont	r p me	roperty in fo nt of the fil	oreig ing	gn da	ate		ΥE	S		Ю		☐ YES	5		□ №
	month?							,				Go	to (b)				Go to (b)
	(b) If you co-owned any money or property wanother person(s), did you or any co-owner stransfer, or give away any co-owned money property within the 36 months prior to the filmonth?				r sel y oı filin	ll, r ng	date							☐ YES	S		□ №	
	IF YOU AN	1	RED "YES" T			1												
	(c)	OWI	NER'S/CO-OW	NE	RS NAME	DE	S	CRIPTIO	N OF	PRO	OPERT	Y	DA	ΓΕ (OF DISPO	SAL		
	ITEM #1																	
	ITEM #2																	
	ITEM #3																	
			IE AND ADDR CHASER OR F			RE	RELATIONSHIP TO OWNER				VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT							
	ITEM #1												\$					
	ITEM #2												\$					
	ITEM #3												\$					
			ES PRICE OR (OT	HER			OTHER CEEDS I									ART OF THE	
	ITEM #1																	
	ITEM #2																	
	ITEM #3																	
		SOL	D ON OPEN IV	IAI	RKET?	GI	VE	N AWA	Υ?				TRA	DE	D FOR G	OOD	s/s	ERVICES?
	ITEM #1		YES		NO			YES			N)			YES			NO
	ITEM #2		YES	Ī	NO			YES			N)			YES			NO
	ITEM #3		YES		NO	1 [٦	YES	•		N)			YES			NO

(a) Do you have any assets se expenses such as burial contra or anything else you intend for Include any items mentioned in	acts, trusts, agr r your burial exp	eements, penses?	☐ YE Go to		You NO Go to #4		Yes o to (b)	Spouse NO Go to #46	
(b) DESCRIPTION (Where appr name & address of organizatio policy number.)	-	VAL			WHEN SET ASIDE month, day, year)		OWNER'	S NAME	
Item 1	em 1								
Item 2		\$							
FOR WHOSE BURIAL	FOR WHOSE BURIAL IS ITEM				WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?				
Item 1		YES [] NO		YES Go to #46 Go to #46			☐ NO Explain in (c)	
Item 1	YES [] NO		YES Go to #46]	NO Explain in (c)		
(a) Do you own any cemetery	lots crypts ca	skets	1		You	1	Your	Spouse	
(a) Do you own any cemetery vaults, urns, mausoleums, or oburial or any headstones or ma	other repositorie		Go to	S	NO Go to #4	7 G	YES o to (b)	□ NO Go to #47	
(b) Owner's Name De	scription	For Who	se Buria	ıl	Relationship or Your Sp			t Market Value	
							\$		
							\$		
							\$	Go to #47	

PART IV -- INCOME

a) Since the first moment of the filing date month, have you (or your spouse) eceived or do you (or your spouse) expect to receive income in the next 14	Yo	ou	Your Spou		
nonths from any of the following sources?	YES	NO	YES	N	
State or Local Assistance Based on Need					
Refugee Cash Assistance					
Temporary Assistance for Needy Families					
General Assistance from the Bureau of Indian Affairs					
Disaster Relief					
Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)					
Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)					
Other Income Based on Need					
Social Security					
Black Lung					
Railroad Retirement Board Benefits					
Office of Personnel Management (Civil Service)					
Pension (Military, State, Local, Private, Union, Retirement or Disability)					
Military Special Pay or Allowance					
Unemployment Compensation					
Workers' Compensation					
State Disability					
Insurance or Annuity Payments					
Dividends/Royalties					
Rental/Lease Income Not from a Trade or Business					
Alimony					
Child Support					
Other Bureau of Indian Affairs Income					
Gambling/Lottery Winnings					
Other Income or Support					

47.	(b) Give the fo	llowing informati	ion for any bloc	k checke	d YES	in #47	(a); othei	rwise,	Go to #48		
	Person Receiving Income	Type of Income	Amount Received	Frequer Paym	-		xpected ceived	Addre	irce (Name, ess of Person, Bank, anization, or	ldentifying Number	
			\$								
			\$								
			\$								
	IF YOU EVER	RECEIVED SSI BI	FORE, GO TO	#48; OTI	HERW	ISE GO	TO #49				
48.	8. Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?			Remarks, then Go to			Your s YES Explain in Remarks, then Go to #49	Spouse NO Go to #49			
49.	Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?				YES NO Explain in Go to #50 Remarks, then Go to #50				YES NO Explain in Go to #50 Remarks, then Go to #50		
50.	(a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?					Go to (b) Go to (e)			YES Go to (b)	NO Go to (e)	
	(b) Name and	Address of Emplo	oyer (include te	lephone r	numbe	r and ar	ea code,	if kno	wn)		
	You				Your	Spouse					
			(Go to (c)						Go to (c	
	(c)	Date last v (month, da	worked			ast paid			Date next paid (month, day, year)		
	You										
	Your Spouse										
	(d) Total mont deductions)	hly wages receiv	ed (before any		Your	Amoun [.]	t		Your Spouse'	s Amount	
					\$				\$		
	(e) Do you (or your spouse) expect to receive any wages in the next 14 months?			any	You YES NO Go to (f) Go to #51				Your Spouse ☐ YES ☐ NO Go to (f) Go to #51		
		address of emplo	yer if different t	from #50	(b) (in	clude te	lephone	numb	er, if known)		
	You				Your	Spouse					

50.	g). (g) Give the following information:										
		RATE OF PA	Y AMOUNT WORKED PER PAY PERIOD		HOW O			DAY OR TE PAID	DATE LAST PAID (month, day, year)		
	You	\$									
	Your Spouse	IS I									
		ou expect any ch I in #50(g)	ange in wage information	You Your Spouse ☐ YES ☐ NO Go to (i) Go to #51 Go to (i) Go to to #51							
	(i) Explain Change:										
	You			Your	Spouse						
51.	beginnin month o	g of the taxable y	nployed at any time since the year in which the filing date expect to be self-employed in	☐ Y Go to	'ES	OU NO Go to		You YES Go to (b)	our Spouse NO Go to #52		
	(b) Give the following information; then Go to #52										
	Date(s) S	elf-Employed	Type of Business		Gross Income N		Last Yet F	Year's: Profit	Last Year's: Net Loss \$		
	Date(s) S	elf-Employed	Type of Business		is Year's: oss Incom		This Net F	Year's: 'rofit	This Year's: Net Loss \$		
52.	have any		I blind or disabled, do you s that you paid which are k?	Rem	'ES ain in	ou NC Go to		Yo YES Explain in Remarks; then Go to #53			
53.		your spouse/paro ourt-ordered supp	ent who lives with you have port?	ПΥ	'ES Got	o (b)		□ NO	Go to NOTE		
	(b) Give amount and frequency of court-ordered support payment.				Amount:				Frequency:		
	(c) Give the following information about the person who receives these payments:				Name:				Go to (c) Address:		
			G AS A CHILD AND YOU ARE THERWISE, GO TO #55.	EMPI	_OYED C	R AGE	18 - 2	2 (WHETH	IER EMPLOYED		

54.	(a) Have you attended school regular date month?	YES Go	o to (d)	NO Go to (b)						
	(b) Have you been out of school for recalendar months?	more than 4	☐ YES Go	o to (c)	☐ NO Go	to (c)				
	(c) Do you plan to attend school regunext 4 months?	llarly during the	YES Explain absence NO Go to #55 in Remarks and Go to (d)							
	Name of School	ntact	Dates of Attenda From To	ance Cours	se of Study					
		Phone Number		Hours Attending Planning to Atte						
PAI	RT V - POTENTIAL ELIGIBILITY	FOR FOOD STA	MPS/MED	ICAL ASSIST	TANCE/OTH	IER				
BEN	NEFITS - If a California resident, S	Skip to #56	T							
55.	5. (a) Are you currently receiving food stamps?			You NO Go to (c)	Your Spou YES Go to (b)	use, if filing NO Go to (c)				
	(b) Have you received a recertification notice within the past 30 days?			☐ NO Go to #56	YES Go to (e)	NO Go to #56				
	(c) Have you filed for food stamps in the last 60 days?			☐ NO Go to (e)	YES Go to (d)	NO Go to (e)				
	(d) Have you received an unfavorable	e decision?	YES Go to (e)	☐ NO Go to #56	YES Go to (e)	□ NO Go to #56				
	(e) If everyone in the household rece	ives or is applying	for SSI, Go t	o (f); otherwise	Go to #56.					
	(f) May I take your food stamp applic	ation today?	☐ YES Go to #56	☐ NO Explain in (g)	YES Go to #56	☐ NO Explain in (g)				
	(g) Explanation:									
56.	6. You may be eligible for Medicaid. However, you must help your State identify other sources that pay for medical care. Also, you must give information to help the State get medical support for any child(ren) who is your legal responsibility. This includes information to help the State determine who a child's father is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.									
	IN STATES WITH AUTOMATIC ASS	GNMENT OF RIGH	ITS LAWS, G	Go to (b).						
	(a) Do you agree to assign your right anyone for whom you can legally ass payments for medical support and ot to the State Medicaid agency?	sign rights) to her medical care	YES Go to (b)	You NO Go to #57	Your Spou	use, if filing NO Go to #57				
	(b) Do you, your spouse, parent or st any private, group, or governmental that pays the cost of your medical ca include Medicare or Medicaid.)	health insurance	YES Go to (c)	O NO Go to (c)	YES Go to (c)	☐ NO Go to (c)				
	(c) Do you have any unpaid medical of months prior to the filing date mon	-	☐ YES Go to #57	☐ NO Go to #57	YES Go to #57	□ NO Go to #57				

57. (a) Have you ever worked under the U.S. Social Security System?	YES Go to (b) NO Go to (b)							
(b) Have you, your spouse, or a former spouse (or parent if you are filing as a child) ever:	,	You		Your se/Parent	Filed for	Benefits		
	Yes	No	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 with a pension plan								
Belonged to union with a pension plan								
Worked under a Social Security system or pensi plan of a country other than the United States?								
(c) Explain and include dates for any "Yes" answer g You:				vise Go to ur Parent,				
PART VI MISCELLANEOUS (Answer #58 ONL)	/ IF YOU A	ARE APPLY	/ING ON	BEHALF O	F SOMEO	NE		
ELSE: OTHERWISE GO TO #59.								
58. (a) Name of Person/Agency Requesting Benefits.	ship to Cla	imant		∕our Social or EIN)	Security	Number		
(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?	☐ YES	S		NO Explain in	Remarks)			
PART VII REMARKS(You may use this space before each explanation. If you need more space	-	-			ntern nur	inder -		

ΡΔΙ	RT VIII IMPORTANT INFORMATION AND S	IGNATURF	·s	
59.	 IMPORTANT INFORMATIONPLEASE READ CAREFU ► Failure to report any change within 10 days after result in a penalty deduction. ► The Social Security Administration will check your other State and Federal agencies, including the Intcorrect amount. ► We have asked you for permission to obtain, from that is held by the institution. We will ask financial it is needed to decide if you are eligible or if you cour permission to contact financial institutions remyour spouse notify us in writing that you are cancer in a final decision, (3) your eligibility for SSI terminand resources to be available to you. If you or you not be eligible for SSI and we may deny your claim 	the end of the restatements ternal Revenutary financial institutions ontinue to be tains in effect eling your penates, or (4) were spouse do	and compare its rule Service, to make I institution, any full for this information eligible for SSI but until one of the rmission, (2) your we no longer constitute of the control of the control give or cancer and the control of the	records with records from ke sure you are paid the inancial record about you ion whenever we think enefits. Once authorized, following occurs: (1) you or application for SSI is denied sider your spouse's income
60.	I declare under penalty of perjury that I have examine accompanying statements or forms, and it is true and anyone who knowingly gives false information, or caube sent to prison, or may face other penalties, or both	d all the info I correct to thuses someon h.	rmation on this fo ne best of my kno e else to do so, co	owledge. I understand that ommits a crime and may
	Your Signature (First name, middle initial, last name) (SIGN HERE			(s) where we can contact you
0.1	Spouse's Signature (Sign only if applying for payment SIGN HERE			last name) (Sign in ink.)
61.	Applicant's Mailing Address (Number & Street, Apt. N City and State		Code	County
62.	Claimant's Residence Address (If different from applic	cant's mailing	g address)	
	City and State	ZIP	Code	County
63.	FOR OFFICIAL Routing Transit Number C/S Number ONLY		s (FINANCIAL INS	No Account Direct Deposit Refused
64.	If you are blind, check the type of mail you want to re Certified Regular		s. n a Follow-up phor	ne call
65.	WI	TNESS		
	Your application does not ordinarily have to be witnes witnesses to the signing who know you, must sign be		-	gned by mark (X), two
	1. Signature of Witness	2. Signatu	re of Witness	
	Address (Number and Street, City, State, and ZIP Code)	Address (Nu	umber and Street, C	City, State, and ZIP Code)

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME							
Name	Social Security Number	Date					
Name	Social Security Number	Date					
If you have a question or something to report call: (cial Security Office you may visit o	r mail your request to:					

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security Income 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 notice of determination within that time, please get in touch with us.

PAPERWORK/PRIVACY ACT NOTICE

Section 1631(e) of the Social Security Act authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income payments. You do not have to give us the information requested. However, if you do not provide the information, we will be unable to make an accurate and timely decision on your claim which may result in loss of some payments. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your eligibility for SSI payments or if a Federal law requires the release of information.

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 and financial institutions. 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.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) 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 SSI.

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

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 may make your reports:

- By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 or
- In person or
- By mail at the address shown above.

CHANGES TO REPORT						
WHERE YOU LIVEYou must report to Social Security	r if:					
You move.	You leave the United States for 30 consecutive days.					
 You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.) You are admitted to (for a calendar month or longer) or released from, a hospital or nursing home, jail, prison, or other correctional facility or other 	States					
institution.						
HOW YOU LIVE -You must report to Social Security:						
 If anyone moves into or out of your household. If 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 begin living with someone as husband and 					
 Your spouse or former spouse dies. 	wife.					
INCOME-You must report to Social Security if you, you	ur spouse/your parent(s):					
 Start to receive money (or checks or any other type of payment) from someone or someplace. Have a change in the amount of money you receive. Begin to receive child support payments or those payments go up or down. 	 Start work or stop work. Earn more or less money. (Keep all paystubs and provide them to SSA when requested.) Become eligible for benefits other than SSI. 					
Win money from gambling or a lottery.						
HELP YOU GET FROM OTHERS -You must report to So	ocial Security if:					
 The amount of help (money or food, 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	t to Social Security if:					
 The value of things that you own goes over \$2000 when you add them all together (\$3000 if you are married and live with your spouse). 	You sell or give any thing of value away.You buy or are given anything of value.					
YOU ARE BLIND OR DISABLED-You must report to So	cial Security if:					
 Your condition improves or your doctor says you can return to work. 	You go to work.					
IF YOU ARE UNDER AGE 18 AND YOU ARE LIVING W made if:	/ITH YOUR PARENTS-A report to Social Security must be					
 Your parents have a change in income, a change in to own, or either has a change in residence. 	heir marriage, a change in the value of anything they					
YOU ARE UNMARRIED AND UNDER AGE 22 - A repor	t to Social Security must be made if:					
You start or stop school You get married of	or divorced • You start or stop working					
YOUR IMMIGRATION STATUS CHANGES-						
You must report any changes 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 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. 					
IF A WARRANT HAS BEEN ISSUED FOR YOUR ARRES	ST -You must report to Social Security if:					
 Your warrant is for a crime or an attempted crime that is a felony (or, in jurisdictions that do not define crimes as felonies, a crime that is punishable by dea or imprisonment for a term exceeding 1 year); or 	or paroto ariabi i babilar or blato law.					