

STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL  
SECURITY INCOME PAYMENTS

RETURN THIS FORM WITHIN 30 DAYS FROM RECEIPT

PRINT ANSWERS LIKE THIS ►

0	1	2	3	4	5	6	7	8	9
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Yes No

PRINT DATES LIKE THIS ►

Month		Day		Year					
0	6	/	0	1	/	2	0	0	6

OR LIKE THIS ►

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If the mailing address shown above is not correct, provide the correct mailing address

(Number, Street, City, State, and Zip Code):

 None-N/A

Street: \_\_\_\_\_ Apartment No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 

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YOUR SOCIAL SECURITY NUMBER (SSN):

SPOUSE'S NAME:

SOCIAL SECURITY NUMBER (SSN):

BECAUSE YOU ARE THE REPRESENTATIVE PAYEE, YOU MUST ANSWER THE FOLLOWING  
QUESTIONS AS IF  
WERE COMPLETING THE FORM.

1. What is your current marital status?

Married living with Spouse

Married **NOT** living with Spouse

Divorced

Widowed

Single

Does this represent a change in your marital status since \_\_\_\_\_ ? **Yes** **No**  
 If the answer to the question is “no,” go to Question 2.    
 If the answer to the question is “yes,” please give the date that your marital status changed.  
 (Month/Year)  /

2. Since \_\_\_\_\_, has anyone moved into or out of your residence? **Yes** **No**  
 (include births and deaths) If the answer is “yes,” complete the information below:

a. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date Moved In  /  /  Date Moved Out  /  /

b. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date Moved In  /  /  Date Moved Out  /  /

c. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date Moved In  /  /  Date Moved Out  /  /

3. Since \_\_\_\_\_, have you lived at a different address? **Yes** **No**  
 If the answer to the question is “yes,” give the new address:    
 ADDRESS (Number, Street, City, State, and Zip Code):  None-N/A  
 Street: \_\_\_\_\_ Apartment No. \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:   
**Date You Moved** (Month/Year)  /

4. Does anyone live in the same household with you? **Yes** **No**  
 If “yes,” list all the people who live in the same household with you.

a. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth  /  /  Social Security Number  -  -

b. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth  /  /  Social Security Number  -  -

c. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth  /  /  Social Security Number  -  -

d. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth  /  /  Social Security Number  -  -

e. Name: \_\_\_\_\_  None-N/A  
 Relationship:  Spouse  Mother  Father  Child  Other Relative  Other \_\_\_\_\_  
 Date of Birth  /  /  Social Security Number  -  -

*If you need more space use the REMARKS Section on page 11.*

5. Do **all** of the people who live with you receive public assistance payments? Yes No  
 (For example: welfare, VA pension, general assistance, and SSI.)

6. Since \_\_\_\_\_, did anyone who was **NOT LIVING WITH YOU**:

	Yes	No
➤ Give you a free place to live? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
➤ Help you pay the mortgage, rent, property insurance, property taxes, and/or sewer charges? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
➤ Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
➤ Give you any other financial help? _____ →	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to **all 4 of the questions** is “no,” go to Question 7.  
 If the answer to **any of the 4 questions** is “yes,” please explain assistance received:  
 \_\_\_\_\_

7. Since \_\_\_\_\_, have you or your spouse living with you been in a hospital, nursing home, jail or prison, or other institution for a full calendar month or longer? (A "full calendar month" means, for example, from December 1 through December 31.) Yes No

If the answer to the question is "no," go to Question 8.

If the answer to the question is "yes," please give:

You	Your Spouse	Date Entered (Month/Day/Year)	Date Discharged (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	

8. Since \_\_\_\_\_, have you or your spouse living with you been outside the United States (the 50 States, District of Columbia, and the Northern Mariana Islands) for more than 30 days in a row? Yes No

If the answer to the question is "no," go to Question 9.

If the answer to the question is "yes," please give:

You	Your Spouse	Date(s) Left (Month/Day/Year)	Date(s) Returned (Month/Day/Year)	Where Did You OR Your Spouse, Go?
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	N/A _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	N/A _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	N/A _____ _____ <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	N/A _____ _____ <input type="checkbox"/>

9. ➤ Since \_\_\_\_\_, have you or your spouse living with you worked? \_\_\_\_\_ →  Yes  No
- Are you or your spouse living with you currently working? \_\_\_\_\_ →  Yes  No
- Do you or your spouse living with you expect to work in the next 14 months? \_\_\_\_\_ →  Yes  No

If the answer to **all 3 of the questions** is “no,” go to question 10.

If the answer to **any of the 3 questions** is “yes,” please complete the following:

Example: If you have \$600, it would be printed \$  ,  6  0  0 .  
like this. SHOW DOLLARS ONLY

You	Your Spouse	Name of Employer/ Address	Gross Wages (Before Any Deductions)	Dates of Employment (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	_____ _____	Amount: \$ <input type="text"/> , <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____ _____	Amount: \$ <input type="text"/> , <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____ _____	Amount: \$ <input type="text"/> , <input type="text"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>

	➤ Are you a student? Birth Date:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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10.	Since _____, have you or your spouse living with you been self-employed or do you or your spouse living with you expect to be self-employed in the current taxable year? If the answer to the question is “no,” go to Question 11. If the answer to the question is “yes,” please give:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
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	You	N/A	Your Spouse	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Type of Business</b>		
<b>Total Gross Income for Last Year</b>	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .
<b>Net Income for Last Year</b>	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .
<b>Estimated Gross Income for this Year</b>	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .
<b>Estimated Net Income for this Year</b>	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .	\$ <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> , <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid red;" type="text"/> .

11.	Since _____, have you or your spouse living with you received, or do you expect to receive in the next 14 months, any of the income listed below:	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	A. Private pensions or annuities (other than Social Security, SSI, or food stamps)? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	B. Unemployment or worker’s compensation? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	C. Welfare or State and local assistance based on need? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	D. Veterans Administration benefits (based on need, not based on need, education)? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	E. Railroad Board, Black Lung, Military or Civil Service pensions? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	F. Rental/lease income? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	G. Alimony or child support? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	H. Dividends or royalties? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	I. Interest earned on money in bank accounts (including interest in checking account)? _____ →	<input type="checkbox"/>	<input type="checkbox"/>
	J. Money from a trust fund? _____ →	<input type="checkbox"/>	<input type="checkbox"/>

K. Money from any other person or organization? \_\_\_\_\_ →

L. Any other income not included above? \_\_\_\_\_ →

If the answer to **all 12 of the questions** is “no,” go to Question 12.

If the answer to **any of the questions** is “yes,” tell us about that item. Please give:

Type of Income (choose from letters above)	Received by		Amount/How Often	Dates Received or Expected		Source (Name/Address of Person, Bank, Company or Organization)
	You	Your Spouse		From:	To:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ N/A <input type="checkbox"/>

12. Do you or your spouse living with you have your SSI check sent directly to a bank or other financial institution? (This is known as “Direct Deposit”)

<b>You:</b>		<b>Your Spouse:</b>	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you or your spouse living with you own any of the following items?

Answer "Yes," if your name or your spouse's name appears alone or with any other person as the owner or part owner for any of these items:

Yes No

- A. Cash (with you, at home, or in a safe deposit box)?
- B. Checking or savings accounts?
- C. Money market accounts?
- D. Credit union accounts?
- E. Christmas club accounts?
- F. Savings certificates/certificates of deposit?
- G. Promissory notes or IOU's?
- H. Stocks, bonds or U.S. Savings Bonds?
- I. Trusts?

If the answer to **all 9 of the questions** is "no," go to Question 14.

If the answer to **any of the 9 questions** is "yes," please give:

Name of Each Item (choose from letters above)	Owner or Co-Owner			Total Value of Each	Name and Address of Bank, Company or Organization
	You	Your Spouse	Other		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	_____ N/A _____ <input type="checkbox"/>
				Account Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	_____ N/A _____ <input type="checkbox"/>
				Account Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	_____ N/A _____ <input type="checkbox"/>
				Account Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Name of Each Item (choose from letters above)	Owner or Co-Owner			Total Value of Each	Name and Address of Bank, Company or Organization
	You	Your Spouse	Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	_____ N/A _____ <input type="checkbox"/>
				Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

14. Do you or your spouse living with you own, or partially own, or are you buying any real estate (land or buildings or other structures on the land)? (Include **property outside the U.S., inherited property, and life estates. Do not include the home you live in.**) Yes  No

If the answer to the question is “no,” go to Question 15.

If the answer to the question is “yes,” please give:

Owner or Co-Owner	Estimated Current Market Value	Tax Assessed Value, if known	Amount or Mortgage Payment, if any	Amount Owed on this Property
<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .

**Description** (Include type and size of structures, acreage or lot size, and location of property)

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Use** (Describe how the property is used. If not in use, give date of last use and next planned use.)

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15.	<p>Since _____, have you or your spouse living with you had any change in health insurance coverage or other insurance that pays for medical bills?</p> <p>(Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)</p> <p>If the answer to the question is “no,” go to Question 16.</p> <p>If the answer to the question is “yes,” please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<b>You</b>		<b>Your Spouse</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	None-N/A		

16.	<p>a. Are you age 62 or older? _____ →</p> <p>b. If you are age 50 or older, are you a widow(er)? _____ →</p> <p>c. If you are age 50 or older and divorced, is your divorced spouse deceased? _____ →</p> <p>d. If you were disabled before age 22, do you have a parent who is age 62 or older or disabled, or deceased? _____ →</p>	<b>You</b>		<b>Your Spouse</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17.	a. Which language do you prefer to use when speaking to us?
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (write in name of language): _____
	b. Which language do you prefer that we use to write to you?
	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (write in name of language): _____

**WE ARE REQUIRED BY LAW TO ASK THE FOLLOWING QUESTIONS OF ALL SSI RECIPIENTS**

18.	<p>a. Have you (or your spouse living with you) been convicted of, or charged with a crime, or an attempt to commit a crime, which is a felony, or in jurisdictions that do not define crimes as felonies, is punishable by death or imprisonment for a term exceeding 1 year regardless of the actual sentence imposed?</p> <p>If “yes,” in which state did this occur? _____ Answer b.</p> <p>b. Since _____, has a warrant been issued for your (or your spouse living with you) arrest because you (or your spouse living with you) were charged or convicted of a crime that carries a sentence of over 1 year, or because you (or your spouse living with you) violated a condition of your probation or parole under Federal or State law?</p> <p>If “yes,” explain below (provide warrant information, if available):</p> <p>_____</p> <p>_____</p>	<b>You</b>		<b>Your Spouse</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		You		Your Spouse		
		Yes	No	Yes	No	
19.	a. Have you (or your spouse living with you) been subject to a condition of parole or probation under Federal or State law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Since _____, have you (or your spouse living with you) violated a condition of your parole or probation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If "yes," explain below (provide warrant information, if available): _____						
20.	a. Since _____, have you or your spouse living with you sold, transferred title, disposed of or given away any property including property in foreign countries?					Yes No
						<input type="checkbox"/> <input type="checkbox"/>
	b. Since _____, have you or your spouse living with you disposed of or given away any money?					<input type="checkbox"/> <input type="checkbox"/>
If money was given away, please give amount:		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .				
21.	a. Have you used any medical care or services in the past 12 months that was paid for by Medicaid (or Medi-Cal, etc.)?					Yes No
						<input type="checkbox"/> <input type="checkbox"/>
	b. Do you expect to receive any medical care or service in the next 12 months that will be paid for by Medicaid (or Medi-Cal, etc.)?					<input type="checkbox"/> <input type="checkbox"/>
	c. Without Medicaid (or Medi-Cal, etc.), would you be unable to pay your medical bills if you became ill or injured in the next 12 months?					<input type="checkbox"/> <input type="checkbox"/>

**REMARKS:**

\_\_\_\_\_

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**YOUR AUTHORIZATION**

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. I know that anyone who makes or causes to be made a false statement or representation of material fact in application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both. I affirm that all information I have given in this document is true.

**SIGNATURES (Write in ink)**

**Your Signature** (First name, middle initial, last name)

**SIGN**

**HERE** \_\_\_\_\_ **DATE:**   /   /

**Area Code & Telephone Number** (Where you can be reached)

(    )    -        None

**Spouse's Signature** (First name, middle initial, last name) (Sign only if spouse is also receiving SSI payments)

**SIGN**

**HERE** \_\_\_\_\_ **DATE:**   /   /

**WITNESSES (Write in Ink)**

If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.

<b>1. Signature of Witness</b>	<b>2. Signature of Witness</b>
_____	_____
<b>Address</b> (Number, Street, City, State and Zip Code)	<b>Address</b> (Number, Street, City, State and Zip Code)
_____	_____

**REPRESENTATIVE PAYEE (Write in ink)**

**If you are the Representative Payee and are filing this statement on behalf of another person give:**

<b>Your Full Name</b> (First name, middle initial, last name)	<b>Your Title or Relationship to the Recipient</b>
_____	_____
<b>Address</b> (Number, Street, City, State, and Zip Code)	<b>Your Social Security Number</b>
_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Area Code & Telephone Number** (Where you can be reached)

(    )    -        None

**FOR SSA USE ONLY**

WBD0C  WBD0C1  WBD0C2  WBD0C3  FO  FO1  FO2  FO3