

STATEMENT OF INCOME AND RESOURCES	D.O. Use	Name of Applicant/Recipient
I am/We are providing this statement on behalf of _____ to determine his/her eligibility 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.		Social Security Number
		_____ / _____ / _____
		Filing Date MM ___ DD ___ YY ___ OR Date of Last Determination MM ___ DD ___ YY ___

PERSONS REPORTING INCOME AND/OR RESOURCES

First Name, Middle Initial, Last Name	Spouse's Name (First, middle initial, last)
Social Security Number _____ / _____ / _____	Social Security Number _____ / _____ / _____
Check Which: <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent <input type="checkbox"/> Ineligible Child <input type="checkbox"/> Essential Person	Check Which: (Spouse of) <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent

1. PUBLIC INCOME MAINTENANCE PAYMENTS (Governmental Assistance Based on Need)	You	Your Spouse
(a) Have you received any of the public income maintenance payments listed in (b) below since the first moment of the filing date month or the last determination, or do you expect to receive them in any of the next 14 months? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #3	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #3

(b) Give the following information about the payments:

TYPE	REC'D BY	HOW OFTEN	PERIOD COVERED BY INCOME	EXPECTED RECEIPT DATE*	AMOUNT	IDENTIFICATION NUMBER	SOURCE
Supplemental Security Income	You	Monthly			\$		Social Security Administration
	Your Spouse				\$		
State or Local Government Assistance Based on Need	You				\$ >		
	Your Spouse				\$ >		
Refugee Assistance Payments Based on Need	You				\$ >		
	Your Spouse				\$ >		
Aid to Families with Dependent Children	You				\$ >		
	Your Spouse				\$ >		
General Assistance from the Bureau of Indian Affairs	You				\$ >		Bureau of Indian Affairs
	Your Spouse				\$ >		
Disaster Relief	You				\$		
	Your Spouse				\$		
Veterans Benefits Based on Need	You				\$		Dept. of Veterans Affairs
	Your Spouse				\$		

* If you are not receiving this income this month but expect it, enter the date you think you will receive it.
> If your share of the grant is unknown, enter the amount of the monthly family grant.

2. OTHER INCOME YOU RECEIVED WHILE RECEIVING PUBLIC INCOME MAINTENANCE PAYMENTS	You	Your Spouse
(a) Have you received any other income in addition to any public income maintenance payments shown in #1? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #6	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #6

2.
(Cont)

(b) If you are:	Then:
<ul style="list-style-type: none"> The sponsor of an alien The spouse of a sponsor An essential person 	Answer questions 3, 4 and 5 about your other income.
<ul style="list-style-type: none"> A parent The spouse of a parent 	If you have received these public income maintenance payments continuously since the date shown on page 1 AND you expect to continue receiving these payments this month and for the next 14 months, go to #6; OTHERWISE, go to #3.
<ul style="list-style-type: none"> An ineligible child 	If you have received and expect to continue receiving these public income maintenance payments as described above, go to #17; OTHERWISE, go to #3.

3. (a) Have you received wages since the first moment of the filing date month or since the last determination? _____

	You	Your Spouse
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Go to (b) Go to (d)	Go to (b) Go to (d)

(b) Name and Address of Employer (include telephone number and area code, if known)

You	Your Spouse

(c) Total wages received (before any deductions) for each month:

You	Month(s)							
	Amounts							
Your Spouse	Month(s)							
	Amounts							

(d) Do you expect to receive any wages in the next 14 months? _____

	You	Your Spouse
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Go to (e) Go to #4	Go to (e) Go to #4

(e) Name and address of employer if different from 3(b) (include telephone number and area code, if known)

You	Your Spouse

(f) Give the following information:

	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID <i>(Month, day, year)</i>
You	\$ per				
Your Spouse	\$ per				

(g) Do you expect any change in wage information provided in 3(f)? _____

	You	Your Spouse
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Go to (h) Go to #4	Go to (h) Go to #4

(h) Explain change:

You	Your Spouse

4. (a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month or the last determination occurs or do you expect to be self-employed in the current taxable year?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #5	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #5
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(b) Give the following information:

TYPE OF BUSINESS	LAST YEAR'S:			THIS YEAR'S:			DATES OF SELF-EMPLOYMENT
	GROSS INCOME	NET		GROSS INCOME	NET		
		INCOME	LOSS		INCOME	LOSS	
You	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
Your Spouse	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

5. (a) Since the first moment of the filing date month or the last determination, 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
FEDERAL BENEFITS:				
Social Security				
Railroad Retirement				
Veterans Affairs Benefits Not Based on Need				
Office of Personnel Management (Civil Service)				
Military Pension, Special Pay, or Allowance				
Black Lung				
Earned Income Tax Credits				
STATE/LOCAL BENEFITS:				
Unemployment Compensation				
Worker's Compensation				
State Disability				
State or Local Pension				
PRIVATE BENEFITS:				
Employer or Union Pension				
Insurance or Annuity Payments				
Private Needs-Based Assistance				
MISCELLANEOUS:				
Interest (bank accounts, stocks, CD's, etc.)				
Rental/Lease Income				
Dividends/Royalties				
Alimony/Cash Support				
Child Support				
OTHER INCOME NOT PREVIOUSLY MENTIONED:				

5. (b) Give the following information for any "Yes" answer in 5(a); otherwise go to #6.							
(Cont)	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:		

6. RESOURCES					You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #7		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #7	
(a) Do you own or are you buying any real estate other than the home in which you live? →								
(b) Give the following information:								
DESCRIPTION OF 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			\$	\$	\$	\$		

7. (a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →					You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #8		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #8	
(b) OWNER'S NAME		DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?		CURRENT MARKET VALUE	AMOUNT OWED	
				YES	NO	\$	\$	
						\$	\$	
						\$	\$	

8.	(a) Do you own or are you buying any life insurance policies? _____	<input type="checkbox"/> You <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to #9</small>	<input type="checkbox"/> Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to #9</small>						
(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		\$	\$		\$				
Policy (#2)		\$	\$		\$				
Policy		\$	\$		\$				
9.	(a) Do you (either alone or jointly with any other person) own any:	You		Your Spouse					
		YES	NO	YES	NO				
Life estates or ownership interest in an unprobated estate?									
Household or personal items worth more than \$500 each?									
Other equipment (business or non-business) or property of any kind?									
(b) Give the following information for any "Yes" answer in 9(a); otherwise go to #10.									
OWNER'S NAME		NAME OF ITEM		VALUE		AMOUNT OWED ON ITEM		WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION	
				\$		\$			
				\$		\$			
10.	(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		Your Spouse					
		YES	NO	YES	NO				
Cash at home, with you, or anywhere else _____									
Checking Accounts _____									
Saving 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 10(a); otherwise go to #11.									
OWNER'S NAME		NAME OF ITEM		VALUE		NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE		AMOUNT OWED ON ITEM	
				\$				\$	
				\$				\$	
				\$				\$	
				\$				\$	

11.	(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 #6 through #10 above. →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #12	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #12	
	(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 #12 <input type="checkbox"/> NO Explain in (c)	
	Item 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #12 <input type="checkbox"/> NO Explain in (c)	
	(c) Explanation:			
	Item 1			
	Item 2			
12.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? →		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #13	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #13
	OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR YOUR SPOUSE
				CURRENT MARKET VALUE (if applicable)
				\$
				\$
13.	(a) Are you the sponsor of an alien admitted for permanent residence in the United States? →		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17
	(b) If you are filing this report on behalf of the alien claimant/recipient, go to #14. If you are filing this report on behalf of your child (or your spouse's child) who is applying for/eligible for SSI, go to #16.			
14.	(a) Do you have any dependents? →		You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15
	(b) Give the following information about your dependent(s):			
	NAME	RELATIONSHIP TO YOU OR SPOUSE	FILING FOR/ RECEIVING SSI	

PAPERWORK/PRIVACY ACT NOTICE

The Social Security Administration is authorized to collect the information on this statement under Sections 1614 and 1621 of the Social Security Act, as amended (42 U.S.C. 1382c(f) and 1383(3)). The information is needed to enable Social Security to determine eligibility or continued eligibility of an individual who is filing for or receiving monthly benefits. While it is VOLUNTARY for you to furnish the information on this form to Social Security, failure to provide all or part of this information could prevent an accurate and timely decision on this claim and could result in the loss of some benefits.

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 Dept. of Veterans Affairs). We may also use the information you give us in computer matching programs even if you do not agree. 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.

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 26 minutes to read the instructions, gather the facts, and answer the questions. **SEND 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.** 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.*

NAME OF SSI CLAIMANT/RECIPIENT	SOCIAL SECURITY NUMBER ____ / ____ / _____	DATE
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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 this application AND if the person named above starts receiving Supplemental Security Income. So that the individual continues getting the right payment amount, you must report certain changes that happen to you.

Remember a change may make the SSI monthly payment bigger or smaller. Report changes in your income and the income of your husband/wife or a child who lives with you. You must also report changes in things of value that you and your spouse 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 the individual is due.



HOW TO REPORT

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

Telephone Number (include area code) to call if you have a question or something to report.

(_____) _____ - _____
area code

Social Security Office you may come in person or mail your request to:

CHANGES TO REPORT

WHERE YOU LIVE - You must report to Social Security if:

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

HOW YOU LIVE - You must report to Social Security if:

- Someone moves into or out of your household.
- 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.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.

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 UNMARRIED AND UNDER AGE 21 - A report to Social Security must be made if:

- You start or stop school.
- Your income changes.
- You get married.

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

- The person for whom you are filing this statement 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.