

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

Do Not Write in This Space
DATE STAMP

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.

Filing Date (Month, Day, Year)

Receipt Protective

FS-SSA/APP FS-REFERRED

Preferred Language

Written: Spoken:

TYPE OF CLAIM Individual Individual with Ineligible Spouse Couple Child Child with Parents

PART I--BASIC ELIGIBILITY-- Answer the questions below beginning with the first moment of the filing date month.

1.	(a) First Name, Middle Initial, Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (month, day, year)	Social Security Number	
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?		<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)		
	(c) Other Name(s)		Other Social Security Number(s) Used		
	(d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following:				
Mother's Maiden Name:		Father's Name:		Go to #2	
2.	(a) Are you married?		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #3		
	(b) Date of marriage: (month, day, year)				
	(c) Spouse's Name (First, middle initial, last)		Birthdate (month, day, year)	Social Security Number	
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?		<input type="checkbox"/> YES Go to (e) <input type="checkbox"/> NO Go to (f)		
	(e) Other Name(s)		Other Social Security Number(s) Used		
	(f) Are you and your spouse living together?		<input type="checkbox"/> YES Go to #3 <input type="checkbox"/> NO Go to (g)		
	(g) Date you began living apart : (month, day, year)				

2. (h) Address of spouse or name of someone who knows where spouse is. (Complete only if spouse is age 65, blind or disabled.)

3. (a) Have you had any other marriages? If never married, check this box <input type="checkbox"/>	You <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4	Your Spouse, if filing <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
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(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #4.

	YOU	YOUR SPOUSE
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 yourself, go to (a); if you are filing for a child, go to (e).

(a) Are you unable to work because of illnesses, injuries or conditions?	You <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5	Your Spouse <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5
(b) Enter the date you became unable to work.	(month, day, year)		(month, day, year)	

(c) What are your illnesses, injuries or conditions?

You Go to (d)	Your Spouse Go to (d)
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(d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do you have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or deceased?

YES Parent's Name: _____
 Social Security Number: _____
 Address: _____

NO Go to #5
 (month, day, year)

(e) When did the child become disabled? Go to (f)

(f) What are the child's disabling illnesses, injuries or conditions?

Go to (g)

4. (g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased?

YES Parent's Name: _____
 Social Security Number: _____
 Address: _____

NO Go to #5

5.	Birthplace	City	State	Country (if other than the U.S.)
	You			
	Your Spouse, if filing			Go to #6

6. Are you a United States citizen by birth?	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #7	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #7
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7. Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #8	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #8
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8. (a) Are you an American Indian born outside the United States?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
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(b) Check the block that shows your American Indian status.

You	Your Spouse, if filing
<input type="checkbox"/> American Indian born in Canada Go to #12	<input type="checkbox"/> American Indian born in Canada Go to #12
<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12	<input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #12
<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)	<input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c)

(c) Check the block below that shows your current immigration status

You	Your Spouse, if filing
<input type="checkbox"/> Amerasian Immigrant Go to #9	<input type="checkbox"/> Amerasian Immigrant Go to #9
<input type="checkbox"/> Lawful Permanent Resident Go to #9	<input type="checkbox"/> Lawful Permanent Resident Go to #9
<input type="checkbox"/> Refugee Date of entry: Go to #11	<input type="checkbox"/> Refugee Date of entry: Go to #11
<input type="checkbox"/> Asylee Date status granted: Go to #11	<input type="checkbox"/> Asylee Date status granted: Go to #11
<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11	<input type="checkbox"/> Conditional Entrant Date status granted: Go to #11
<input type="checkbox"/> Parolee for One Year Go to #11	<input type="checkbox"/> Parolee for One Year Go to #11
<input type="checkbox"/> Cuban/Haitian Entrant Go to #11	<input type="checkbox"/> Cuban/Haitian Entrant Go to #11
<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11	<input type="checkbox"/> Deportation/Removal Withheld Date: Go to #11
<input type="checkbox"/> Other Explain in Remarks, then Go to (d)	<input type="checkbox"/> Other Explain in Remarks, then Go to (d)

8.	(d) If you have status, or have applied for status as the spouse, child, or parent of a child of a US citizen, or lawfully admitted permanent resident alien, Go to #10; otherwise Go to #12.		
9.	If you are lawfully admitted for permanent residence:		
	(a) Date of Admission	You (month, day, year)	Your Spouse (month, day, year)
	(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d)
	(c) Give the following information about the person, institution, or group, then Go to (d):		
	Name	Address	Telephone Number
			() -
	(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	You Status:	Your Spouse, if filing Status:
		(month, day, year) From:	(month, day, year) From:
		To:	To: Go to (e)
	(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11
	(f) Name and Social Security Number of parent(s) who worked.		
	Name	Social Security Number	
	Name	Social Security Number	
10.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12
	(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12
11.	Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	<input type="checkbox"/> YES Explain in #57(b), then Go to #12 <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Explain in #57(b), then Go to #12 <input type="checkbox"/> NO Go to #12
12.	(a) When did you first make your home in the United States?	(month, day, year)	(month, day, year)
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13
	(c) Give the dates of residence outside the United States.	(month, day, year) From: To:	(month, day, year) From: To:
13.	(a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left: Date Returned:	Date Left: Date Returned:
IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #14. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #14; OTHERWISE GO TO #15.			
14.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> No Go to #15	
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number Go To #15	
15.	(a) Do you have any unsatisfied felony warrants for your arrest?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #16
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #16
	(d) Date warrant satisfied	month, date, year	month, date, year
16.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17	Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #17
	(b) In which state or country was the warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #17
	(d) Date warrant satisfied	month, day, year	month, day, year

PART II - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

17.	Check the block which best describes your present living situation:		
<input type="checkbox"/> Household	Since (month, day, year)	Go to #22	
<input type="checkbox"/> Non-Institutional Care	Since (month, day, year)	Go to #20	
<input type="checkbox"/> Institution	Since (month, day, year)	Go to #18	
<input type="checkbox"/> Transient	Since (month, day, year)	Go to #35	

INSTITUTION

18. Check the block that identifies the type of institution where you currently reside, then Go to #19:

School

Rehabilitation Center

Hospital

Jail

Rest or Retirement Home

Other (Specify)

Nursing Home

19. Give the following information about the INSTITUTION:

(a) Name of institution:

(b) Date of admission:

(c) Date you expect to be released from this institution:

Go to #35

NON-INSTITUTIONAL CARE

20. Check the block that best describes your current residence, then Go to #21:

Foster Home

Group Home

Other (Specify)

21. Give the following information about your Noninstitutional Care:

(a) Name of facility where you live:

(b) Name of placing agency

Address

Telephone Number

() -

(c) Does this agency pay for your room and board?

YES Go to #35 NO If NO, who pays? _____

Go to #35

HOUSEHOLD ARRANGEMENTS

22. Check the block that describes your current residence, then Go to #23:

House

Mobile Home

Apartment

Houseboat

Room (private home)

Other (Specify)

Room (commercial establishment)

23. Do you live alone or only with your spouse?

YES Go to #25

NO Go to #24

24. (a) Give the following information about everyone who lives with you:

Name	Relationship	Public Assistance		Sex		Birthdate mm/dd/yy	Blind or Disabled		If Under 22				Social Security Number
		YES	NO	M	F		YES	NO	Married		Student		
									YES	NO	YES	NO	

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #25.

(b) Does anyone listed in 24(a) who is under age 18, OR between ages 18-22 and a student, receive income?

YES Go to (c)

NO Go to #25

(c) Child Receiving Income	Source and Type	Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$

25. (a) Do you (or does anyone who lives with you) own or rent the place where you live?

YES Go to #26

No Go to (b)

25.	(b) Name of person who owns or rents the place where you live	Address	Telephone Number
			() -

(c) If you live alone or only with your spouse, and do not own or rent, Go to #35; otherwise, Go to #29.

26.	(a) Are you (or your living with spouse) buying or do you own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> No If you are a child living with your parent(s) Go to (b); otherwise Go to #27
	(b) Are your parent(s) buying or do they own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #27

(c) What is the amount and frequency of the mortgage payment?
 Amount: \$ Frequency of Payment: Go to (d)

(d) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #35; otherwise Go to #29.

27.	(a) Do you (or your living with spouse) have rental liability for the place where you live?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO If you are a child living with your parent(s) Go to (b); otherwise Go to
	(b) Does your parent(s) have rental liability?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (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: _____ Go to #28
 NO Give name of person with home ownership: _____ Go to #29

(d) What is the amount and frequency of the rent payment?
 Amount: \$ Frequency of Payment: Go to #28

28.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	(b) Name of person related to landlord or landlord's spouse	Relationship	Name and address of landlord (include telephone number and area code, if known):

(c) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #35.

29.	(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #34)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #30
	(b) Amount others contribute: \$		

Go to #30

30.	(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to (b)
	(b) Do you buy all your food separately from other household members:	<input type="checkbox"/> YES Go to #31	<input type="checkbox"/> NO Go to #31
31.	Do you contribute to household expenses? <input type="checkbox"/> YES Average Monthly Amount: \$ _____ Go to #32 <input type="checkbox"/> 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?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #32(d)
	(b) Give the name, address and telephone number of the person with whom you have a loan agreement :		
	(c) Will the amount of this loan cover your share of the household expenses?	<input type="checkbox"/> YES Go to #35	<input type="checkbox"/> NO Go to (d)
	(d) If you contribute toward household expenses and you answered "NO" to both 30(a) & (b), Go To #33. If you answered "YES" to either 30(a) or 30(b), Go to #34. If you do not contribute toward household expenses, go to #35.		
33.	(a) Is part or all of the amount in #31 just for food? <input type="checkbox"/> YES Give Amount: \$ _____ Go to (b) <input type="checkbox"/> NO Go to (b)		
	(b) Is part or all of the amount in #31 just for shelter? <input type="checkbox"/> YES Give Amount: \$ _____ Go to #34 <input type="checkbox"/> NO Go to #34		
34.	What is the average monthly amount of the following household expenses: (Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)		
	CASH EXPENSES	AVERAGE MONTHLY AMOUNT	
	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. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?

YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

NO Go to (b)

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?

YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____

NO Go to #36

36. (a) Has the information given in #17-35 been the same since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Explain in Remarks, then Go to (b)
(b) Do you expect any of this information to change?	<input type="checkbox"/> YES Explain in Remarks, then Go to #37	<input type="checkbox"/> NO Go to #37

PART III-RESOURCES-The questions in this section pertain to the first moment of the filing date month.

37. (a) Do you own or does your name appear on, either alone or with other people, the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?	<input type="checkbox"/> YES Go to (b)	You <input type="checkbox"/> NO Go to #38	Your Spouse <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #38
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(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

38. (a) Do you own or are you buying any life insurance policies?	<input type="checkbox"/> YES Go to (b)	You <input type="checkbox"/> NO Go to #39	Your Spouse <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #39
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38.	(b) Owner's Name		Name of Insured	Name & Address of Insurance Company	Policy Number			
	Policy (#1)							
	Policy (#2)							
	Policy (#3)							
	Face Value		Cash Surrender Value	Date of Purchase	Dividends		Accumulations	
					YES	NO	YES	NO
	Policy (#1)	\$	\$					
	Policy (#2)	\$	\$					
	Policy (#3)	\$	\$					
	(c) Loans Against Policy? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Policy Number: _____								
Amount: \$ _____ Go to #39								

39.	(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?					
Items acquired or held for their value as an investment?						
(b) Give the following information for any "Yes" answer in #39(a); otherwise, Go to #40.						
Owner's Name	Name of Item	Value	Amount Owed	Give Name & Address of Bank or Other Organization		
		\$	\$			
		\$	\$			
		\$	\$			
		\$	\$			

40.	(a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items?	You		Your Spouse	
		YES	NO	YES	NO
	-Cash at home, with you, or anywhere else				
	-Financial Institution Accounts				
	Checking				
	Savings				
	Credit Union				
	Christmas Club				
	Time Deposits/Certificates of Deposit				
	Individual Indian Money Account				
	-Other (Including IRAs and Keough Accounts)				

(b) If all the items in #40(a) are answered "NO", Go to #41. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		

41.	(a) Do you give us permission to obtain any financial records from any financial institution?	You		Your Spouse, if filing	
		<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)
	(b) Do you own or does your name appear on any of the following items:	You		Your Spouse	
		YES	NO	YES	NO
	-Stocks or Mutual Funds				
	-Bonds (Including U.S. Savings Bonds)				
	-Promissory Notes				
	-Trusts				
	-Other items that can be turned into cash				

41. (c) If all the items in #41(b) are answered "NO", Go to #42. For any "YES" answer, give the following information:

Owner's/Trustee's Name	Name of Item	Value	Name & Address of Bank or Other Organization	Identifying Number
		\$		
		\$		
		\$		
		\$		

42. (a) Do you have any land, houses, buildings, real property, property in a foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or for your heirs, or any other property of any kind that has not been shown anywhere else on the application?	You	Your Spouse
	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #43	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #43

(b) Describe the property (including size, location, and how it is used. If not used now, when was it last used and what is next planned use.)

Item #1

Item #2

Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

43. (a) Have you or your spouse acquired any assets since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (c)
(b) Explain:	
(c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month?	<input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to #44
(d) Explain:	

44. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month?	<p style="text-align: center;">You</p> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)	<p style="text-align: center;">Your Spouse</p> <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)
(b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #45.

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT
ITEM #1			\$
ITEM #2			\$
ITEM #3			\$
	SALES PRICE OR OTHER CONSIDERATION	ARE OTHER CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN.	DO YOU STILL OWN PART OF THE PROPERTY?
ITEM #1			
ITEM #2			
ITEM #3			
	SOLD ON OPEN MARKET?	GIVEN AWAY?	TRADED FOR GOODS/SERVICES?
ITEM #1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #2	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ITEM #3	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

45.	(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 items mentioned in #38 and #40-44.	You <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #46	Your Spouse <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #46
(b) DESCRIPTION (Where appropriate, give name & 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 #46 <input type="checkbox"/> NO Explain in (c) Go to #46	
Item 1		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES Go to #46 <input type="checkbox"/> NO Explain in (c) Go to #46	
(c) EXPLANATION					

46.	(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 Go to (b)	<input type="checkbox"/> NO Go to #47	Your Spouse <input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #47
(b) Owner's Name		Description	For Whose Burial	Relationship to You or Your Spouse	Current Market Value
					\$
					\$
					\$
					Go to #47

PART IV -- INCOME

47.	(a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
		YES	NO	YES	NO
	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 following information for any block checked YES in #47(a); otherwise, Go to #48

Person Receiving Income	Type of Income	Amount Received	Frequency of Payment	Date Expected or Received	Source (Name, Address of Person, Bank, Organization, or	Identifying Number
		\$				
		\$				
		\$				

IF YOU EVER RECEIVED SSI BEFORE, GO TO #48; OTHERWISE GO TO #49

48.	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?	<p>You</p> <input type="checkbox"/> YES Explain in Remarks, then Go to #49 <input type="checkbox"/> NO Go to #49	<p>Your Spouse</p> <input type="checkbox"/> YES Explain in Remarks, then Go to #49 <input type="checkbox"/> 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?	<input type="checkbox"/> YES Explain in Remarks, then Go to #50 <input type="checkbox"/> NO Go to #50	<input type="checkbox"/> YES Explain in Remarks, then Go to #50 <input type="checkbox"/> NO 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?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to (e)

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

You	Your Spouse
Go to (c)	Go to (c)

(c)	Date last worked (month, day, year)	Date last paid (month, day, year)	Date next paid (month, day, year)
You			
Your Spouse			

(d) Total monthly wages received (before any deductions)	Your Amount	Your Spouse's Amount
	\$	\$

(e) Do you (or your spouse) expect to receive any wages in the next 14 months?	<p>You</p> <input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #51	<p>Your Spouse</p> <input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #51
--	--	--

(f) Name and address of employer if different from #50(b) (include telephone number, if known)

You	Your Spouse

50. (g) Give the following information:					
RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (month, day, year)
You	\$				
Your Spouse	\$				
(h) Do you expect any change in wage information provided in #50(g)			<input type="checkbox"/> YES Go to (i) <input type="checkbox"/> NO Go to #51		<input type="checkbox"/> YES Go to (i) <input type="checkbox"/> NO Go to #51
(i) Explain Change:					
You			Your Spouse		
51. (a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?					
			<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #52		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #52
(b) Give the following information; then Go to #52					
Date(s) Self-Employed	Type of Business	Last Year's: Gross Income	Last Year's: Net Profit	Last Year's: Net Loss	
		\$	\$	\$	
Date(s) Self-Employed	Type of Business	This Year's: Gross Income	This Year's: Net Profit	This Year's: Net Loss	
		\$	\$	\$	
52. If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?			<input type="checkbox"/> YES Explain in Remarks; then Go to #53 <input type="checkbox"/> NO Go to #53		<input type="checkbox"/> YES Explain in Remarks; then Go to #53 <input type="checkbox"/> NO Go to #53
53. (a) Does your spouse/parent who lives with you have to pay court-ordered support?			<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to NOTE		
(b) Give amount and frequency of court-ordered support payment.			Amount: \$	Frequency: Go to (c)	
(c) Give the following information about the person who receives these payments:			Name:	Address:	
NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #54; OTHERWISE, GO TO #55.					

54.	(a) Have you attended school regularly since the filing date month?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (b)
	(b) Have you been out of school for more than 4 calendar months?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
	(c) Do you plan to attend school regularly during the next 4 months?	<input type="checkbox"/> YES Explain absence in Remarks and Go to (d)	<input type="checkbox"/> NO Go to #55
	Name of School	Name of School Contact	Dates of Attendance From To
		Phone Number	Hours Attending or Planning to Attend
			Course of Study

PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #56

55.	(a) Are you currently receiving food stamps?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (c)
	(b) Have you received a recertification notice within the past 30 days?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (e)
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input type="checkbox"/> NO Go to #56
	(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #56.				
	(f) May I take your food stamp application today?	<input type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)	<input type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)
	(g) Explanation:				

56. 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 ASSIGNMENT OF RIGHTS LAWS, Go to (b).

(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57
(b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	<input type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57	<input type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57

57.	(a) Have you ever worked under the U.S. Social Security System?	<input type="checkbox"/> YES Go to (b)		<input type="checkbox"/> 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 Spouse/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 pension plan of a country other than the United States?						
	(c) Explain and include dates for any "Yes" answer given in #11 or #57(a); otherwise Go to #58.							
	You:			Your Spouse, if filing/Your Parent, if filing as a child:				

PART VI -- MISCELLANEOUS -- (Answer #58 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #59.)

58.	(a) Name of Person/Agency Requesting Benefits.	Relationship to Claimant	Your Social Security Number (or EIN)
	(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)	

PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES

59. **IMPORTANT INFORMATION--PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ 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.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

60. **I declare under penalty of perjury that I 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 knowledge. I understand that anyone who knowingly gives false information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.**

Your Signature (First name, middle initial, last name) (Sign in ink.)	Date (month, day, year)
SIGN HERE	Telephone Number(s) where we can contact you during the day: () -

Spouse's Signature (**Sign only if applying for payments.**) (First name, middle initial, last name) (Sign in ink.)

SIGN HERE

61. Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)

City and State	ZIP Code	County
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62. Claimant's Residence Address (If different from applicant's mailing address)

City and State	ZIP Code	County
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63. **FOR OFFICIAL USE ONLY**

DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)			
Routing Transit Number	C/S Number	Depositor Account	<input type="checkbox"/> No Account
			<input type="checkbox"/> Direct Deposit Refused

64. If you are blind, check the type of mail you want to receive from us.

Certified Regular Regular with a Follow-up phone call

65. **WITNESS**

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 address.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Number and Street, 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: Social Security Office you may visit or 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 LIVE --You must report to Social Security if:

- You move.
- 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 institution.
- You leave the United States for 30 consecutive days.
- You are no longer a legal resident of the United States

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 spouse or former spouse dies.
- Your marital status changes:
--You get married, separated, divorced, or your marriage is annulled.
- --You begin living with someone as husband and wife.

INCOME-You must report to Social Security if you, your 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.
- Win money from gambling or a lottery.
- 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.

HELP YOU GET FROM OTHERS -You must report to Social 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 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 Social 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 WITH YOUR PARENTS-A report to Social Security must be made if:

- Your parents have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.

YOU ARE UNMARRIED AND UNDER AGE 22 - A report to Social Security must be made if:

- You start or stop school
- You get married 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 ARREST -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 death or imprisonment for a term exceeding 1 year); or
- Your warrant is for a violation of probation or parole under Federal or State law.