soc	AL SECURITY ADMINISTRATION		Form Approved OMB No. 0960-0229					
AF	PLICATION FOR SUPPLEMENTAL SECURITY	INCOME (SSI)	Do Not Write in This Space DATE STAMP					
N	ote: Social Security Administration staff or others who help p SSI will fill out this form for you.	people apply for						
l a	m/We are applying for Supplemental Se	ecurity						
Inc	come and any federally administered st	ate	Filing Date (month, day, year)					
	pplementation under Title XVI of the So curity Act, for benefits under the other							
	ministered by the Social Security Admi	Receipt Protective						
	d where applicable, for medical assista	nce under						
Tit	le XIX of the Social Security Act.		FS-SSA/APP FS-REFERRED					
			Preferred Language Written: Spoken:					
	E OF CLAIM Individual Individual with Ineligible Spou	ise Couple	Child Child with Parents					
PAI	RT IBASIC ELIGIBILITY Answer the questio the filing date mont		ning with the first moment of					
1.	(a) First Name, Middle Initial, Last Name Sex	Birthdate (month, day, yea	Social Security Number					
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?	YES Go to	) (c) D NO Go to (d)					
	(c) Other Name(s)	Other Social Sec	)ther Social Security Number(s) used					
	(d) If you are also filing for Social Security Benefits, g	o to #2; otherwise	complete the following:					
	Mother's Maiden Name:	Father's Name:	Go to #2					
2.	(a) Are you married?	YES Go to	(b) 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?	YES Go to	(e) NO Go to (f)					
	(e) Other Name(s)	Other Social Sec	curity Number(s) Used					
	(f) Are you and your spouse living together?	YES Go to	o #3 NO Go to (g)					
	(g) Date you began living apart : (month, day, year)							
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In reven infance, check this box							
show the remaining information in Remarks and go to #4.         YOU       YOUR SPOUSE         PORMER SPOUSE'S NAME (including maiden name)       Image: Spouse Spouse         BIRTHDATE (month, day, year)       BIRTHDATE (month, day, year)       Image: Spouse Spouse Spouse       Image: Spouse Spous					NO	YES	ouse, if filing DNO Go to #4
FORMER SPOUSE'S NAME (including maiden name)       BIRTHOATE (month, day, year)         BIRTHOATE (month, day, year)       SOCIAL SECURITY NUMBER         DATE OF MARRIAGE (month, day, year)       DATE OF MARRIAGE (month, day, year)         DATE MARRIAGE ENDED (month, day, year)       Image: Comparison of the second of					ere was more tl	han one forme	er marriage,
(including maiden name)       Impact of MARRIAGE (month, day, year)         SOCIAL SECURITY NUMBER       Impact of MARRIAGE (month, day, year)         DATE OF MARRIAGE ENDED (month, day, year)       Impact of MARRIAGE ENDED (month, day, year)         If you are filing for yourself, go to (a); if you are filing for a child, go to (e).       You (month, day, year)         Id you are filing for yourself, go to (a); if you are filing for a child, go to (e).       You (month, day, year)         (a) Are you unable to work because of illnesses, injuries or conditions?       Yes (month, day, year)         (b) Enter the date you became unable to work.       (month, day, year)         (c) What are your illnesses, injuries or conditions?       You Your Spouse         Go to (d)       Go         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec         YES Parent's Name:			YOU			YOUR SPOUS	SE .
(month, day, year)         SOCIAL SECURITY NUMBER         DATE OF MARRIAGE (month, day, year)         DATE MARRIAGE ENDED (month, day, year)         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?         (b) Enter the date you became unable to work.         (c) What are your illnesses, injuries or conditions?         You       Your Spouse         Go to (d)         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec Social Security Number: Address:         NO       (month, day, year)         (e) When did the child become disabled?							
NUMBER	(m						
(month, day, year)         DATE MARRIAGE ENDED         (month, day, year)         HOW MARRIAGE ENDED         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?         (a) Are you unable to work because of illnesses, injuries or conditions?         (b) Enter the date you became unable to work.         (c) What are your illnesses, injuries or conditions?         You       Your Spouse         Go to (d)       Co         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec         YES       Parent's Name:         Social Security Number:	SO						
Imouth, day, year)         HOW MARRIAGE ENDED         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?         (b) Enter the date you became unable to work.         (c) What are your illnesses, injuries or conditions?         You       Yes         (c) What are your illnesses, injuries or conditions?         You       Your Spouse         Go to (d)       Co         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec         YES       Parent's Name:         Social Security Number:							
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?         (b) Enter the date you became unable to work.         (c) What are your illnesses, injuries or conditions?         You       Your Spouse         (c) What are your illnesses, injuries or conditions?         You       Your Spouse         Go to (d)       Your Spouse         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or decempted by the security Number:         Address:							
You       You       Your Spouse         (a) Are you unable to work because of illnesses, injuries or conditions?       Go to (b) Go to #5       Go to (b) Go to (context)         (b) Enter the date you became unable to work.       (month, day, year)       (month, day, year)         (c) What are your illnesses, injuries or conditions?       Your Spouse       Go to (d)         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec       YES         PYES       Parent's Name:	HOW	MARRIAGE ENDED					
(a) Are you unable to work because of illnesses, injuries or conditions?       YES       NO       YES       Go to (b)       Go to (c)       Go to (d)       Go       Go       Go       Go       Go       Go       Go       Go       Go       Go to (b)       Go to (c)       Go to (c)       Go to (c)       Go to (c)	lf you	are filing for your	self, go to (a); if you are filin	g for a child, g	jo to (e).		
(b) Enter the date you became unable to work.       (month, day, year)       (month, day, year)         (c) What are your illnesses, injuries or conditions?       You       Your Spouse         Go to (d)       Go to (d)       Go         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec       YES         Parent's Name:		-	ork because of illnesses,		NO	YES	Ir Spouse NO Go to #5
You       Your Spouse         Go to (d)       Go         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec         YES       Parent's Name:         Social Security Number:	(b) En	ter the date you b	ecame unable to work.				
Go to (d)       Go to (d)         (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec         PYES       Parent's Name:         Social Security Number:	(c) Wł	nat are your illnes	ses, injuries or conditions?	•			
(d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec           YES         Parent's Name:			You		Your	Spouse	
(d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or dec          YES       Parent's Name:			Go to	(d)			Go to
Social Security Number:Address:Address:			to work because of illnesses,	injuries, or co			22, do you
Address:	Y	ES Parent's Nam	e:				
I NO (month, day, year) (e) When did the child become disabled?		Social Securi	y Number:				
(month, day, year) (e) When did the child become disabled?		Address:					
(month, day, year) (e) When did the child become disabled?	<u>П</u> м	0					Go to
	(e) Wł	nen did the child b	ecome disabled?	(month, day,	year)		
	(f) W	hat are the child's	disabling illnesses, injuries o	r conditions?			Go to

4.	(g) Does the conditions, or	child have a parent(s) who is a deceased?	ge 62 or ol	der, unable to	work bec	ause of illnes	ss, injur	ies, or	
	YES Par	ent's Name:							
	Soc	cial Security Number:							
	Ad	dress:							
	□ NO							Go to #5	
5.	Birthplace	City		State		Country (if	other th	han the U.S.)	
	You								
	Your Spouse,								
	if filing			v	′ou	You	r Snous	Go to #6 se, if filing	
6.	Are you a Un	ited States citizen by birth?			Go to #	T YES	S	O to #7	
7.	Are you a nat	turalized United States citizen?		YES		#8 Go to #	-	D NO Go to #8	
8.		n American Indian born outside	the	Go to #12	Go to #				
	United States	\$?		Go to (b)	Go to (	c) Go to (	b)	Go to (c)	
	(b) Check the	e block that shows your Americ	an Indian s	tatus.					
		You			Your	Spouse, if fil	ing		
	American	Indian born in Canada	Go to #12	America	n Indian b	orn in Canad	a	Go to #12	
	Member o	of a Federally recognized Indian		Member	of a Fede	rally recogniz	zed Indi		
	Name of <sup>•</sup>	Tribe	Go to #12	Name of	Tribe			Go to #12	
		ierican Indian Remarks, then Go to (c)			merican In n Remarks	dian s, then Go to	) (c)		
	(c) Check the	e block below that shows your	current im	migration state	us				
		You			Your	Spouse, if fil	ing		
	Amerasia	n Immigrant	Go to #9	Amerasia	Amerasian Immigrant Go to				
	🗌 Lawful Pe	ermanent Resident	Go to #9	🗌 Lawful P	Permanent	Resident		Go to #9	
	Refugee Date of e	ntry:	Go to #11	□ Refugee Date of o	entry:			Go to #11	
	☐ Asylee Date state	us granted:	Go to #11	□ Asylee Date sta	tus grante	ed:		Go to #11	
					nal Entran				
			Go to #11		tus grante			Go to #11	
	Parolee fo	or One Year	Go to #11	Parolee f	for One Ye	ear		Go to #11	
			Go to #11		laitian Ent			Go to #11	
	Deportation Date:	on/Removal Withheld	Go to #11	Date:	tion/Remo	val Withheld		Go to #11	
	Other Explain in	Remarks, then Go to (d)		D Other Explain i	n Remarks	s, then Go to	) (d)		

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8.	<ul> <li>(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.</li> </ul>						
9.	If you are lawfully admitted for permanen	t residence:					
	(a) Date of Admission		<b>Yc</b> (month, c	DU lay, year)	Your Spouse (month, day, year)		
	(b) Was your entry into the United States by any person or promoted by an institutio	-		D NO Go to (d)	YES NO Go to (c) Go to (d)		
	(c) Give the following information about the	he person, ins	titution, or gro	oup, then Go to	c (d):		
	Name		Address		Telepho	ne Number	
					( )	-	
	(d) What was your immigration status, if adjustment to lawful permanent resident?		Yo Status:	DU	Your Spou Status:	ıse, if filing	
			(month, o From: To:	day, year)	(month, day, year) From:		
	(e) If filing as an adult, did your parents e the United States before you were age 18	as an adult, did your parents ever work in States before you were age 18?		O NO Go to #11	To: YES Go to (f)	Go to (e) D NO Go to #11	
	(f) Name and Social Security Number of p	parent(s) who	worked.				
	Name		Social Security Number				
	Name		Social Securi	ty Number			
10.	(a) Have you, your child or your parent, b subjected to battery or extreme cruelty w United States?		YES Go to (b)	ou NO Go to #12	Your Spor	use, if filing NO Go to #12	
	(b) Have you, your child, or your parent f petition with the Department of Homelan for a change in immigration status becaus subjected to battery or extreme cruelty?	d Security	☐ YES		YES		
			Go to #11	Go to #12	Go to #11	Go to #12	
11.	Are you, your spouse, or parent an active member or a veteran of the armed forces United States?		YES Explain in #57(b), then Go to #12		YES Explain in #57(b), ther Go to #12		
12.	(a) When did you first make your home in States?	the United	(month, c	lay, year)	(month,	day, year)	
	(b) Have you lived outside of the United S then?	YESNOGo to (c)Go to #13		YES Go to (c)	NO Go to #13		
	(c) Give the dates of residence outside the States.	e United	(month, day, year) From: To:		(month, d From: To:	ay, year)	
13.	(a) Have you been outside the United Stat states, District of Columbia and Northern Islands) 30 consecutive days prior to the	Mariana	☐ YES Go to (b)	☐ NO Go to #14	☐ YES Go to (b)	☐ NO Go to #14	

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the	Date Left:		Date Left:	
	United States.	Date Return	ed:	Date Returne	ed:
	IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FIL YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRS #14; OTHERWISE GO TO #15.	ING FOR SU			
14.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	☐ YES G	o to (b)		o Go to #15
	(b) Eligible Alien's Name	Eligible Alier	ı's Social Secur	ity Number	Go to #15
15.	(a) Do you have any unsatisfied felony warrants for	Ya	bu	Your Spo	use, if filing
	your arrest?	☐ YES	NO NO	☐ YES	NO NO
		Go to (b)	Go to #16	Go to (b)	Go to #16
	(b) In which state or country was this warrant issued?	Name of S	State/Country	Name of S	tate/Country
			Go to (c)		Go to (c
	(c) Was the warrant satisfied?	T YES	□ NO	T YES	□ NO
		Go to (d)	Go to #16	Go to (d)	Go to #16
	(d) Date warrant satisfied	(month,	, day, year)	(month,	day, year)
16.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	Go to (b)	You NO Go to #17	Your Spo YES Go to (b)	use, if filing DNO Go to #17
	(b) In which state or country was the warrant issued?	Name of Sta	ate/Country	Name of Sta	ate/Country
			Go to (c)		Go to (c)
	(c) Was the warrant satisfied?	YES		YES	
		Go to (d)	Go to #17	Go to (d)	Go to #17
	(d) Date warrant satisfied	(month,	, day, year)	(month,	day, year)
PAF	RT II - LIVING ARRANGEMENTS - The questior	 Is in this se	ection refer t	o the signa	ture date.

17.	Check the block which best describes your p	resent living situation:	
	Household	Since (month, day, year)	
			Go to #22
	Non-Institutional Care	Since (month, day, year)	
			Go to #20
		Since (month, day, year)	
			Go to #18
	Transient	Since (month, day, year)	
			Go to #35
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		INSTITUTIO	DN .					
18.	Check the block that identifies the ty	ype of institution w	here you currently resid	de, 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 fro	om this institution:						
				Go to #35				
20.	Check the block that best describes							
20.	Check the block that best describes		nce, then Go to #21:					
	Foster Home Group Home	e 🔲 Other (Spe	ecify)					
21.	Give the following information about	your Noninstitutio	nal Care:					
	(a) Name of facility where you live:							
	(b) Name of placing agency	A	ddress	Telephone Number				
				() -				

(c) Does this agency pay for your 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					
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24. (a) Give the foll	owing informat			/ery	one	who lives w							1
			Public Blind or If Under 22 sistance Sox Birthdate Disabled Married Stur										
Name	Relationship		tance		ex	Birthdate mm/dd/yy						Social Security Number	
		YES	NO	M			<u>YES</u>		YES				
If anyone listed is un	nder age 22 an	d not r	narried	d, G	o to	(b); otherwi	se, G	o to #	#25.				
(b) Does anyone liste between ages 18-22						R C	] YE	S Go	o to (d	:)			NO Go to #25
(c) Child Receiv	ving Income					Source ar	nd Tyj	be		Ма			onthly Amount
										\$			
												\$	
												\$	
	\$												
												\$	
												\$	
25. (a) Do you (or does anyone who lives with you) own or rent the place where you live?							o Go to (b)						

Г

25.	(b) Name of person who owns or rents the place where you live		Address			Telephor	ne Numbei	
					(	)	-	
	(c) If you live alone or only with you	r spouse, and do n	ot own or rent	, Go to #35	; oth	erwise, G	Go to #29.	
26.	(a) Are you (or your living with spous you own the place where you live?	se) buying or do	Go to	(c)		with yo	re a child ur parent( otherwise	s) Go
	(b) Are your parent(s) buying or do th where you live?	ney own the place	YES	Go to (c)		NO	Go to #27	
	(c) What is the amount and frequenc	y of the mortgage	payment?					
	Amount: <b>\$</b>	I	Frequency of F	ayment:			Go	to (d)
	(d) If you are a child living only with subject to deeming, or with others in Go to #35; otherwise Go to #29.						dren who	
27.	(a) Do you (or your living with spous liability for the place where you live?	e) have rental	YES G	o to (d)	If v	vith your	a child liv parent(s) wise Go to	Go to
	(b) Does your parent(s) have rental li	ability?	YES G	o to (d)	N	IO Goto	o (c)	
	(c) Does anyone who lives with you	have rental liability	for the place	where you li	ive?			
	YES Give name of person with	rental liability:					Go t	o #28
	NO Give name of person with h	ome ownership:					Go t	o #29
	(d) What is the amount and frequenc	y of the rent paym						
	Amount: <b>\$</b>		Frequency of	Payment:			Go t	o #28
28.	(a) Are you (or anyone who lives wit or child of the landlord or the landlor	•	YES	Go to (b)		NO		
	(b) Name of person related to landlor or landlord's spouse	d Relationship	Name and add number and a				elephone	
	(c) If you are a child living only with subject to deeming, or with others in Go to #35.							are
29.	(a) Does anyone living with you cont household expenses? (NOTE: See list expenses in #34)		☐ YES	Go to (b)		□ NO		o #30
	(b) Amount others contribute: \$						Go to	o #30

30.	(a) Do you eat all your meals out?		YES	Go to #31		NO	Go to (b)
	(b) Do you buy all your food separately from other household members:		YES	Go to #31		NO	Go to #31
31.	Do you contribute to household expenses?						
	YES Average Monthly Amount: \$		_ Go	to #32			
	□ NO Go to #32						
32.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?			Go to (b)			Go to #32(d)
	(b) Give the name, address and telephone number of the	e persor	n with y	whom you hav	ve a loan	agre	ement :
		-1					
	(c) Will the amount of this loan cover your share of the household expenses?		YES	Go to #35		NO	Go to (d)
	(d) If you contribute toward household expenses and yo you answered "YES" to either 30(a) or 30(b), Go to If you do not contribute toward household expenses	o #34.		NO" to both 3	O(a) & (b)	, Go	To #33. If
33.	(a) Is part or all of the amount in #31 just for food?						
	YES Give Amount: \$			Go to (b)		NO	Go to (b)
	(b) Is part or all of the amount in #31 just for shelter?						
	YES Give Amount: \$			Go to #34		NO	Go to #34
34.	What is the average monthly amount of the following h (Show average over the past 12 months unless you ha months. If so, show average for the months you have	ve been	residir	ng at your pre		ess I	ess than 12
	CASH EXPENSES			AVERAGE MO	ONTHLY /	AMO	UNT
	Food (complete only if #30(a) & (b) are answered NO)	\$					
	Mortgage or Rent	\$					
	Property Insurance (if required by mortgage lender)	\$					
	Real Property Taxes	\$					
	Electricity	\$					
	Heating Fuel	\$					
	Gas	\$					
	Sewer	\$					
	Garbage Removal	\$					
	Water	\$					
	TOTAL	\$					Go to #35

35.	your food	nyone who does NOT LIVE with you pay for, or shelter items? Name of Provider (Person or Agency)			
		List of Items			
		Monthly Value: \$			
	□ NO				Go to (b)
		nyone who does NOT LIVE with you give you ur or your household's food or shelter items?	, or your household (if appl	icable	e), money to pay for
	☐ YES	Name of Provider (Person or Agency)			
		List of Items			
		Monthly Value: \$			
	🗌 NO				Go to #36
36.		e information given in #17-35 been the same first moment of the filing date month?	YES Go to (b)		NO Explain in Remarks, then Go to (b)
	(b) Do you	a expect any of this information to change?	YES Explain in Remarks, then Go to #37		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	Your	Spouse
alone or with other people, the title of any vehicles	YES	□ NO
(auto, truck, motorcycle, camper, boat, etc.)? Go to (b) Go to #38	Go to (b)	Go to #38
(b) Owner's Name Description Used For (Year, Make & Model)	Current Market Value	Amount Owed
	\$	\$
	\$	\$
	\$	\$
	\$	\$
38. (a) Do you own or are you buying any life insurance You	Your	Spouse
policies?	T YES	🗌 NO
Go to (b) Go to #39	Go to (b)	Go to #39

38.	(b)	Ow	vner's Name	Name of Insure	ed			ldress of Company	F	Policy	Numbe	۰r
	Policy (#1)											
	Policy (#2)											
	Policy (#3)											
									Divid	onde		umu- ons
		F	ace Value	Cash Surrender V	alue	Date	e of Pu	ırchase	YES	NO	YES	NO
	Policy (#1)	\$		\$								
	Policy (#2)	\$		\$								
	Policy (#3)	\$		\$								
	(c) Loans A	gainst P		mber:					_		E	] NO
39.		(oithor a	Ione or jointly wi	\$	<u> </u>	Y	ou		Y	our Sp		to #39
00.	person) ow					YES	1	NO	YES		NC	)
	Life esta estate?	ates or o	ownership interes	t in an unprobated								
	ltems a investm		or held for their v	alue as an								
	(b) Give the	e followi	ng information fo	r any "Yes" answe	r in #3	39(a); otł	herwis	e, Go to	#40.			
	Owner's	Name	Name of Item	Value	Amo	ount Owe	ed	Give Nam Of	ne & Ad ther Org			k or
				\$	\$							
				\$	\$							
				\$	\$							
				\$	\$							

	does your name ap other person's name		ר	′ou	You	ır Spouse
following items?		, any or the	YES	NO	YES	NO
Cash at home, wit	h you, or anywhere:	e else				
Financial Institutio	n Accounts					
Checking						
Savings						
Credit Unio	n					
Christmas (	Club					
Time Depos	sits/Certificates of [	Deposit				
Individual Ir	ndian Money Accou	nt				
Other (Including IB	As and Keough Ac	counts)				
	n #40(a) are answe		#41. For any	/ "YES" answe	r, give the f	ollowing
information:		,	,		- 3	5
Owner's/Trustee's Name	Name of Item	Value	Name & A	ddress of Bank Organization	or Other	ldentifying Number
		\$				
		\$				
		\$				
	permission to obta	in any financial	١	/ou	Your Sp	ouse, if filing
records from any fi	nancial institution?		T YES	NO NO	🗌 YES	<b>NO</b>
			Go to (b)	Go to (b)	Go to (b)	Go to (b)
(b) Do you own or the following items	r does your name ap s:	opear on any of		/ou		Ir Spouse
			YES	NO	YES	NO
Stocks or Mutual I						
Bonds (Including L	J.S. Savings Bonds)					
Promissory Notes						
Trusts						
Other items that c	an be turned into ca	ash				

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

Owner's/Trustee's Name	Name of Item	Value	Name & A	ddress of Bank Organization	or Other	ldentifyin Number
		\$				
		\$				
		\$				
		\$				
(a) Do you have any property, property i	n a foreign country	, equipment,		ou		Spouse
mineral rights, item aside for emergenci property of any kind anywhere else on tl	ies or for your heirs d that has not beer	s, or any other	Go to (b)	☐ NO Go to #43	Go to (b)	☐ NO Go to #4
(b) Describe the pro and what is next pl		ze, location, and h	now it is used	. If not used n	ow, when w	as it last us
Item #1						

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

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43.		ou or your spouse acquired any a oment of the filing date month?	issets since	T YES	Go to	(b)		NO	Go to (c)
	(b) Explain:								
	value of yo moment of	re been any increase or decrease u or your spouse's resources sin the filing date month?		T YES	Go to	(d)		NO	Go to #44
	(d) Explain:								
44.	(a) Have yo	u or your spouse sold, transferre	ed title,	Y	ou			Your	Spouse
	property, (ii	or given away, any money or o ncluding money or property in fo since the first moment of the fili	oreign	T YES	<u> </u>	10		S	□ NO
	month or w month?	ithin the 36 months prior to the	filing date		Go	to (b)			Go to (b)
	another per transfer, or property wi month?	o-owned any money or property son(s), did you or any co-owner give away any co-owned mone thin the 36 months prior to the	sell, y or filing date					S	□ NO
	(c)	SWERED "YES" TO (a) OR (b), (				010#			
	ITEM #1	OWNER'S/CO-OWNERS NAME	DESCRIP	TION OF PROPE	RTY		DATE (	<u>DF DIS</u>	POSAL
	ITEM #2								
	ITEM #3								
		NAME AND ADDRESS OR PURCHASER OR RECIPIENT	RELATIC	ONSHIP TO OWN	IER				RTY AND/OR ASH GIFT
	ITEM #1					\$			
	ITEM #2					\$			
	ITEM #3					\$			
		SALES PRICE OR OTHER CONSIDERATION		CONSIDERATION		DO YO		. OWN OPERT	PART OF THE Y?
	ITEM #1								
	ITEM #2								
	ITEM #3								
		SOLD ON OPEN MARKET?	GIV	'EN AWAY?		TRAD	ed for	GOOD	S/SERVICES?
	ITEM #1		YES				YES	<u> </u>	NO
	ITEM #2		YES				YES	<u> </u>	NO
	ITEM #3						YES	<u> </u>	NO
Form		-BK (02-2010) Ef (02-2010)	Pa	age 14		_			

45.	(a) Do you have any a	ssets set aside f	or buria	ıl			You		Your	Spouse
	expenses such as buri or anything else you ir				П ү	′ES	Ο ΝΟ		YES	□ NO
	Include any items mer	ntioned in #38 ar	nd #40-	44.	Go to	(b)	Go to #4	6 Go	o to (b)	Go to #46
	(b) DESCRIPTION (Wh name & address of org policy number.)			VAL	UE		WHEN SET ASIDE onth, day, year)		OWNER	'S NAME
	ltem 1			\$						
	Item 2									
				\$						
	FOR WHOSE	BURIAL	IS ITEI	M IRREVC	CABL	E?				APPRECIATION URIAL FUND?
	Item 1			YES	NO		YES Go	to #46	;	NO NO
										Explain in (c)
	ltem 1			YES	] NO		YES			NO NO
							Go to #46			Explain in (c)
46.	(a) Do you own any ce	emetery lots, cry	pts, cas	skets,			You		You	r Spouse
	vaults, urns, mausoleu	ims, or other rep			<u>Г</u> Ү	′ES	NO		YES	NO
	burial or any headston	es or markers?			Go to	) (b)	Go to #4	7 Go	o to (b)	Go to #47
	(b) Owner's Name	Description	l	For Who	se Buri	al	Relationship or Your Sp		Currer	nt 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	Yo	bu	Your S	pouse
	months from any of the following sources?	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 fo	llowing information	on for any block	<pre>c checked</pre>	d YES	in #47(a	a); other	wise,	Go to #48	
	Person Receiving Income	Type of Income	Amount Received	Frequen Paym	-		-	Addre Bank,	urce (Name, ss of Person, Organization, Company)	ldentifying Number
			\$							
			\$							
			\$							
	IF YOU EVER	RECEIVED SSI BE	FORE, GO TO ;	#48; OTH	IERWI					
48.		ayments being co				Y	ou		Your	Spouse
	Railroad Retire	om the Social Sec ment Board, Offic	ce of Personnel			YES		C	☐ YES	□ NO
	Military Specia	Veterans' Affairs al Pay Allowances , or State Disabili	, Black Lung, V	Vorkers'	Expla Rema then #49		Go to	#49	Explain in Remarks, then Go to #49	Go to #49
49.	you received o	moment of the fi or do you expect 1 ich are not cash?	-		Expla Rema	ΈS ain in arks, Go to #	Go to		YES Explain in Remarks, then Go to #	☐ NO Go to #50 50
50.		or your spouse) r first moment of tl	-		П ч	ΈS		C	T YES	□ NO
	through the cu	urrent month?			Go to	o (b)	Go to	(e)	Go to (b)	Go to (e)
	(b) Name and	Address of Emplo	yer (include tel	ephone n	umber	and are	a code,	if kno	wn)	
	You				Your	Spouse				
				Go to (c)				-		Go to (c)
	(c)	Date last w (month, dav				ast paid day, yea	ar)		Date next (month, day	
	You									
	Your Spouse				_					
	(d) Total mont deductions)	hly wages receive	ed (before any		Your	Amount	t		Your Spouse	's Amount
					\$				\$	
	-	your spouse) exp next 14 months?	ect to receive a	any	□ Y	ΈS			YES	Spouse
	(f) Name and a	address of employ	er if different f	rom #50	Go to (b) (ind		Go to ephone		Go to (f) er, if known)	Go to #51
	You	. ,			-	Spouse				

	RATE OF PAY		)	HOW OFTEN		/ DAY OR	DATE LAST PAIL
		PER PAY PERIOD		PAID	DA	TE PAID	(month, day, yea
You	\$						
Your Spouse	\$						
	ou expect any ch d in #50(g)	ange in wage information	Go t		IO #51	Yo YES Go to (i)	ur Spouse
(i) Expla	in Change:					<u> </u>	
You			Your	Spouse			
beginnin month o	ig of the taxable y	nployed at any time since the year in which the filing date expect to be self-employed in		You /ES IN o (b) Go to	IO 9 #52	Yes Go to (b)	our Spouse NO Go to #52
(b) Give	the following info	ormation; then Go to #52				<u></u>	
Date(s) S	Self-Employed	Type of Business	Gi	ast Year's: ross Income	Net F	<b>Year's:</b> Profit	Last Year's: Net Loss ৎ
	Self-Employed Self-Employed	Type of Business Type of Business	Gi \$ Tł	ross Income nis Year's: ross Income	Net F \$	Profit Year's:	
Date(s) S . If you of have an	Self-Employed	Type of Business blind or disabled, do you s that you paid which are	Gi \$ Th Gi \$ \$ Expl. Rem	ross Income	Net F \$ This Net F	Profit Year's: Profit	Net Loss \$ This Year's: Net Loss \$ ur Spouse I NO Go to #5
<ul> <li>If you of have an necessa</li> <li>(a) Does</li> </ul>	Self-Employed r your spouse are y special expense ry for you to worl	Type of Business blind or disabled, do you s that you paid which are k? ent who lives with you have	Gi \$ Th Gi \$ \$ Expl. Rem then #53	ross Income nis Year's: ross Income F You YES IN Ain in Go to arks;	Net F \$ This Net F \$	Profit Year's: Profit Explain in Remarks; then Go t #53	Net Loss \$ This Year's: Net Loss \$ ur Spouse I NO Go to #5
Date(s) S Date(s) S If you of have an necessa to pay c (b) Give	Self-Employed r your spouse are y special expense ry for you to work s your spouse/pare court-ordered supp amount and frequ	Type of Business blind or disabled, do you s that you paid which are k? ent who lives with you have	Gi \$ Th Gi \$ \$ Expl. Rem then #53	ross Income	Net F \$ This Net F \$	Profit Year's: Profit Explain in Remarks; then Go t #53	Net Loss \$ This Year's: Net Loss \$ ur Spouse I NO Go to #5 o Go to NOTE
Date(s) S Date(s) S If you of have an necessa to pay c (b) Give	Self-Employed r your spouse are y special expense ry for you to worl s your spouse/pare court-ordered supp	Type of Business blind or disabled, do you s that you paid which are k? ent who lives with you have port?	Gi \$ Th Gi \$ Expl: Rem then #53	ross Income	Net F \$ This Net F \$	Profit Year's: Profit YES Explain in Remarks; then Go t #53 NO	Net Loss \$ This Year's: Net Loss \$ ur Spouse I NO Go to #5 o Go to NOTE

54.	(a) Have you attended school regularly since the filing date month?		YES Go to (d) NO Go to (b)						
	(b) Have you been out of school for more than 4 calendar months?		YES Go to (c) NO Go to (c)						
	(c) Do you plan to attend school regunext 4 months?	☐ YES Explain absence ☐ NO Go to #55 in Remarks and Go to (d)							
	Name of School	Name of School Cor	tact Dates of Attend From To		lance Course of Study				
	Phone Number		Hours Attendin Planning to Att						
	RT V - POTENTIAL ELIGIBILITY NEFITS - If a California resident, S		AMPS/MED	DICAL ASSIS <sup>-</sup>	TANCE/OTH	IER			
55.	(a) Are you currently receiving food stamps?		Go to (b)	You NO Go to (c)	Your Spou YES Go to (b)	use, if filing NO Go to (c)			
	(b) Have you received a recertification notice within the past 30 days?		Go to (e)	D NO Go to #56	Go to (e)	O NO Go to #56			
	<ul><li>(c) Have you filed for food stamps in the last 60 days?</li><li>(d) Have you received an unfavorable decision?</li></ul>		Go to (d)	O NO Go to (e)	Go to (d)	O NO Go to (e)			
			Go to (e)	NO Go to #56	Go to (e)	ONO Go to #56			
	(e) If everyone in the household receives or is applying for S			or SSI, Go to (f); otherwise Go to #56.					
	(f) May I take your food stamp application today?		Go to #56	□ NO Explain in (g)	Go to #56	☐ 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.				(ren) who is er is. If you irance are for you or Medicaid if				
IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b).									
	(a) Do you agree to assign your right anyone for whom you can legally ass payments for medical support and ot to the State Medicaid agency?	Go to (b)	You NO Go to #57	Your Spou	use, if filing NO Go to #57				
	(b) Do you, your spouse, parent or st any private, group, or governmental I that pays the cost of your medical ca include Medicare or Medicaid.)	Go to (c)	D NO Go to (c)	Go to (c)	Go to (c)				
	(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?			□ NO Go to #57	Go to #57	☐ NO Go to #57			

	(a) Have you ever worked under the U.S. Social Security System?	T YES	Go to (b	)		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.						
ĺ	You:	Your Spouse, if filing/Your Parent, if filing as a chi		a child:			

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

(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?		T YES	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 INFORMATIONPLEASE 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.							
	<ul> <li>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</li> </ul>							
	correc	et 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						plication for SSI is denied er your spouse's income	
				-	-	-	,	
60.	<ul> <li>not be eligible for SSI and we may deny your claim or stop your payments.</li> <li>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 a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.</li> </ul>							
	Your Sigr	ature (First name, middle	initial, last name) (Si	ign in ink.)		h, day, year)		
	SIGN HERE					Telephone Number(s) where we can contact you during the day:		
					(	)	-	
	Spouse's	Signature (Sign only if ap	plying for payments.	) (First nam	ne, middle	initial, last	: name) (Sign in ink.)	
	SIGN							
	HERE							
61.	Applicant	's Mailing Address (Numb	er & Street, Apt. No	. P.O. Box,	Rural Rou	ute)		
	City and	State		ZIP	Code		County	
62.	. Claimant's Residence Address (If different from applicant's mailing address)							
	City and	State		ZIP	Code		County	
	FOR	DIRECT	DEPOSIT PAYMENT	ADDRESS	(FINANC	IAL INSTIT	UTION)	
	OFFICIAL Routing Transit Number ONLY	C/S Number	Depo	sitor Account		No Account		
							Direct Deposit Refused	
64.	lf you are	blind or visually impaired	, check the type of n	nail you wa	ant to rece	ive from u	s.	
	C C	ertified 🛛 🗌 Reg	ular 🗍 F	legular with	n a Follow	-up phone	call	
65.	WITNESS							
Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), t witnesses to the signing who know you, must sign below giving their full address.					d by mark (X), two			
	1. Signati	ure of Witness		2. Signatu	re of Witn	ess		
	Address (N	lumber and Street, City, Sta	te, and ZIP Code)	Address (Ni	umber and	Street, City	, State, and ZIP Code)	

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME					
Name	Social Security Number Da	ite			
Name	Social Security Number Da	ite			
If you have a question or something to report call:	Social Security Office you may visit or mail yo	our request to:			
<b>(</b> ) – For general information about Social Security, visit our we	site 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.

#### Privacy Act Statement Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to enable the Social Security Administration to determine if you are eligible for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information may keep us from making an accurate and timely decision on your claim, which in turn may result in loss of some payments.

We rarely use the information you supply for any purpose other than for determining eligibility for SSI. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following: 1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs); 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and 4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0103, Supplemental Security Income Record and Special Veterans Benefits, and also in System of Records Notice 60-0089, Claims Folder Systems. The Notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at <a href="http://www.ssa.gov">www.ssa.gov</a> or at your local 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.

You may make your reports:

### HOW TO REPORT

By telephone at the telephone number shown above or call us toll free at 1-800-772-1213 (TTY 1-800-325-0778) or
In person or

By mail at the address shown above.

CHANGES TO REPORT					
WHERE YOU LIVEYou must report to Social Security	if:				
<ul> <li>You move.</li> <li>You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.)</li> <li>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.</li> </ul>	States				
HOW YOU LIVE -You must report to Social Security:					
<ul> <li>If anyone moves into or out of your household.</li> <li>If the amount of money you pay toward household expenses changes.</li> <li>Births and deaths of any people with whom you live.</li> <li>Your spouse or former spouse dies.</li> </ul>	<ul> <li>Your marital status changes:         <ul> <li>You get married, separated, divorced, or your marriage is annulled.</li> <li>You begin living with someone as husband and wife.</li> </ul> </li> </ul>				
INCOME-You must report to Social Security if you, you	ır spouse/your parent(s):				
<ul> <li>Start to receive money (or checks or any other type of payment) from someone or someplace.</li> <li>Have a change in the amount of money you receive.</li> <li>Begin to receive child support payments or those payments go up or down.</li> </ul>	<ul> <li>Start work or stop work.</li> <li>Earn more or less money. (Keep all paystubs and provide them to SSA when requested.)</li> <li>Become eligible for benefits other than SSI.</li> </ul>				
• Win money from gambling or a lottery.					
<ul> <li>HELP YOU GET FROM OTHERS -You must report to So</li> <li>The amount of help (money or food, or payment of household expenses) you receive goes up or down.</li> </ul>	<ul> <li>• Someone stops helping you.</li> <li>• Someone starts helping you.</li> </ul>				
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).	<ul><li>You sell or give any thing of value away.</li><li>You buy or are given anything of value.</li></ul>				
YOU ARE BLIND OR DISABLED-You must report to Soc	cial Security if:				
• Your condition improves or your doctor says you can return to work.	• You go to work.				
	ITH YOUR PARENTS-A report to Social Security must be				
<ul> <li>made if:</li> <li>Your parents have a change in income, a change in the own, or either has a change in residence.</li> </ul>	heir marriage, a change in the value of anything they				
YOU ARE UNMARRIED AND UNDER AGE 22 - A report	t to Social Security must be made if:				
You start or stop school     You get married or	r divorced • You start or stop working				
YOUR IMMIGRATION STATUS CHANGES-					
<ul> <li>You must report any changes to Social Security.</li> </ul>					
YOU ARE SELECTED AS A REPRESENTATIVE PAYEE -	You must report to Social Security if:				
<ul> <li>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.)</li> </ul>	<ul> <li>You will no longer be able or no longer wish to act as that person's representative payee.</li> </ul>				
IF A WARRANT HAS BEEN ISSUED FOR YOUR ARRES					
<ul> <li>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 deat or imprisonment for a term exceeding 1 year); or</li> </ul>					