SOCI	AL SECURITY ADMINISTRATION TEL		Form Approved OMB No. 0960-022
AP	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.	eople apply for	
l a	m/We are applying for Supplemental So	ecurity	
	come and any federally administered st	-	
	oplementation under Title XVI of the So		Filing Date (month, day, year)
_	 curity Act, for benefits under the other		
adı	ministered by the Social Security Admi	nistration,	Receipt Protective
an	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:
	In the state of a stat		
TYP	E OF CLAIM		Child Child with Parent
PAF	RT IBASIC ELIGIBILITY Answer the questio the filing date mont	ns below begin	ning with the first moment of
1.	(a) First Name, Middle Initial, Last Name Sex	Birthdate	Social Security Number
	☐ Male	(month, day, yea	
	☐ Fema	ale	
	(b) Did you ever use any other names (including maiden name) or any other Social Security Numbers?	YES Go to	o (c) NO Go to (d)
	(c) Other Name(s)	Other Social Sec	curity Number(s) used
	(d) If you are also filing for Social Security Benefits, go	to #2: otherwise	a complete the following:
	Mother's	Father's	e complete the following.
	Maiden Name:	Name:	Go to #2
2.	(a) Are you married?	YES Go to	o (b) NO Go to #3
	(b) Date of marriage: (month, day, year)		
	(c) Spouse's Name (First, middle initial, last)	Birthdate (month, day, year)	Social Security Number
	(d) Did your spouse ever use any other names	Tp	
	(including maiden name) or Social Security Numbers?	YES Go to	
	(e) Other Name(s)	Other Social Se	curity Number(s) Used
	(f) Are you and your engage living to get be?	 	#0
	(f) Are you and your spouse living together?	YES Go t	no #3
	(g) Date you began living apart : (month, day, year)		
	Form <b>SSA-8000-BK</b> (02-2010) Ff (02-2010)	Page 1	

2.	blind or disabled.)	or name ot someone who know:	s wnere spo	use is. (Comple	te only it spo	use is age 65,			
3.	(a) Have you had any of the land of the la		YES Go to (b)	You NO Go to #4	Your Spo YES Go to (b)	ouse, if filing NO Go to #4			
		nformation about your former sports of the formation in Remarks and go to		ere was more th	an one forme	r marriage,			
		YOU		Y	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 you	rself, go to (a); if you are filing f	or a child, g						
	(a) Are you unable to winjuries or conditions?	YES Go to (b)	You NO Go to #5	Your Spouse  YES NO Go to (b) Go to #5					
	(b) Enter the date you l	pecame unable to work.	(month	h, day, year)	(month,	, day, year)			
	(c) What are your illnesses, injuries or conditions?								
		You		Your	Spouse				
		Go to (d)				Go to (d)			
		to work because of illnesses, in ge 62 or older, unable to work b	juries, or cor	•	_	22, do you			
	YES Parent's Nan	ne:							
	Social Secur	ity Number:							
	Address:								
	∐ NO		(month, day, y	woorl		Go to #5			
	(e) When did the child	become disabled?	(month, day, )	year)		Go to (f)			
	(f) What are the child's	s disabling illnesses, injuries or c	onditions?						

4.	(g) Does the conditions, or	child have a parent(s) who is age deceased?	e 62 or ol	der, unab	ole to v	work bec	ause	of illness, in	juries,	or		
	YES Par	ent's Name:										
	Soc	cial Security Number:										
	Add	dress:										
	□ NO									Go to #5		
5.	Birthplace	City		State	е	ntry (if othe	r than t	he U.S.)				
	You											
	Your Spouse, if filing									Go to #6		
6.	Are you a Uni	ited States citizen by birth?		YES	<b>Y</b> o ⁴12	ou NO Go to #	÷7	Your Spo ☐ YES Go to #12		filing NO to #7		
7.	Are you a nat	uralized United States citizen?		☐ YES Go to #		☐ NO Go to #	·8	☐ YES Go to #12		NO to #8		
8.	(a) Are you ar United States	n American Indian born outside t ?	he	☐ YES Go to (l		☐ NO Go to (d	c)	☐ YES Go to (b)		NO to (c)		
	(b) Check the	block that shows your American	n Indian s	tatus.								
		You				Your S	Spous	se, if filing				
	American Indian born in Canada Go to #1			☐ Ame	erican	Indian bo	orn in	Canada	Go	to #12		
	Go to  Member of a Federally recognized Indian Tribe			☐ Mer	mber o	of a Fede	rally r	ecognized I				
	Name of 1	Гribe G	o to #12	Name of Tribe					Go	to #12		
		erican Indian		Other American Indian								
		Remarks, then Go to (c)					s, the	n Go to (c)				
	(c) Check the block below that shows your current immigration status											
		You					•	se, if filing				
	Amerasiar	n Immigrant G	o to #9	☐ Ame	erasiar	n Immigra	ant		Go	o to #9		
	<del></del>	rmanent Resident G	o to #9			rmanent	Resid	dent	Go	o to #9		
	Refugee Date of er	ntry: G	o to #11		ugee e of er	ntry:			Go	o to #11		
	Asylee	<del>-</del>	0 10 11 11	☐ Asy	lee	-						
	Date state Conditions		o to #11			us grante al Entrant			G	o to #11		
			o to #11			us grante			G	o to #11		
	Parolee for One Year Go to #			Parc	olee fo	r One Ye	ar		G	o to #11		
	Cuban/Haitian Entrant Go to #			☐ Cub	an/Ha	itian Entr	ant		G	o to #11		
	Deportation/Removal Withheld Date: Go to			□ Dep Date		on/Remov	val W	ithheld		o to #11		
	Other Explain in	Remarks, then Go to (d)		☐ Oth		Remarks	s, the	n Go to (d)				

ο.	lawfully admitted permanent resident alien, Go to #10; otherwise Go to #12.								
9.	If you are lawfully admitted for permaner	t residence:							
	(a) Date of Admission		(month,	<b>ou</b> day, year)		<b>Spouse</b> day, year)			
	(b) Was your entry into the United States by any person or promoted by an instituti	-	YES Go to (c)	NO Go to (d)	YES Go to (c)	NO Go to (d)			
	(c) Give the following information about t	he person, ins	titution, or gr	oup, then Go to	o (d):				
	Name		Address		Telepho	one Number			
					( ) -				
	(d) What was your immigration status, if	•	Y	'ou	Your Spo	use, if filing			
	adjustment to lawful permanent resident?	•	Status:		Status:				
			(month, From:	day, year)	(month, From:	day, year)			
			To:		To:	Go to (e)			
	(e) If filing as an adult, did your parents of the United States before you were age 18		YES Go to (f)	□ NO Go to #11	YES Go to (f)	☐ NO Go to #11			
	(f) Name and Social Security Number of p	parent(s) who	worked.		•				
	Name		Social Secur	rity Number					
	Name		Social Secur	rity Number					
10.	(a) Have you, your child or your parent, be subjected to battery or extreme cruelty we United States?		YES Go to (b)	You NO Go to #12	Your Spo YES Go to (b)	ouse, if filing NO Go to #12			
	(b) Have you, your child, or your parent f petition with the Department of Homelan for a change in immigration status becausubjected to battery or extreme cruelty?	d Security	YES	□ NO	YES	□ NO			
			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), ther Go to #12		YES Explain in #57(b), the Go to #12				
12.	(a) When did you first make your home in States?	the United	(month,	day, year)	(month,	, day, year)			
	(b) Have you lived outside of the United S then?	tates since	YES Go to (c)	☐ NO Go to #13	YES Go to (c)	☐ NO Go to #13			
	(c) Give the dates of residence outside th States.	e United	(month, From: To:	day, year)	(month, From: To:	day, year)			
13.	(a) Have you been outside the United Stastates, District of Columbia and Northern Islands) 30 consecutive days prior to the	Mariana	YES Go to (b)	□ NO Go to #14	YES Go to (b)	∏ NO Go to #14			

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the		Date Left:		Date Left:		
	United States.		Date Retu	rned:	Date Return	ed:	
	IF YOU ARE FILING ON BEHALF OF YOUR CHILD IF YOU ARE MARRIED AND YOUR SPOUSE IS N YOU LIVED TOGETHER AT ANY TIME SINCE TH #14; OTHERWISE GO TO #15.	OT FIL	ING FOR S				
14.	(a) Is your spouse/parent the sponsor of an alien is eligible for supplemental security income?	who	☐ YES	Go to (b)	1	No Go to #15	
	(b) Eligible Alien's Name		Eligible Ali	en's Social Secur	ity Number		
						Go to #15	
15.	(a) Do you have any unsatisfied felony warrants	for		You	-	ouse, if filing	
	your arrest?		YES	☐ NO	☐ YES	☐ NO	
			Go to (b)	Go to #16	Go to (b)	Go to #16	
	(b) In which state or country was this warrant is	sued?	Name o	f State/Country	Name of S	State/Country	
				Go to (c)		Go to (c	
	(c) Was the warrant satisfied?		☐ YES	☐ NO	☐ YES	☐ NO	
			Go to (d)	Go to #16	Go to (d)	Go to #16	
	(d) Date warrant satisfied		(mor	ith, day, year)	(month,	day, year)	
						16 611	
16.	(a) Do you have any unsatisfied Federal or State	☐ YES	You NO	Your Spo	ouse, if filing		
	warrants for violating the conditions of probation parole?	or	Go to (b)	Go to #17	Go to (b)	Go to #17	
	(b) In which state or country was the warrant iss	ued?	Name of S	State/Country	Name of St	ate/Country	
				Go to (c)		Go to (c)	
	(c) Was the warrant satisfied?		YES	□ NO	YES	□ NO	
			Go to (d)	Go to #17	Go to (d)	Go to #17	
	(d) Date warrant satisfied		(mor	th, day, year)	(month	, day, year)	
PAF	 RT II - LIVING ARRANGEMENTS - The quo	estion	s in this	section refer to	the signa	ture date.	
17.	Check the block which best describes your prese	ent livii	ng situatior	า:			
			Since (mont	:h, day, year)			
	Household			, , ,		Go to #22	
	Non-Institutional Care		Since (mont	th, day, year)		Go to #20	
	Institution		Since (mont	h, day, year)		<u> </u>	
	_		C: :			Go to #18	
	Transient	Since (mont	h, day, year)		Go to #35		

	INSTITUTI	ON								
18.	Check the block that identifies the type of institution v	where you currently resid	de, then Go to #19:							
	School	Rehabilitation (	Center							
	Hospital	☐ Jail								
	Rest or Retirement Home	Other (Specify)	p.							
	Nursing Home	1								
19.	Give the following information about the INSTITUTION	l:								
	(a) Name of institution:									
	(b) Date of admission:									
	(c) Date you expect to be released from this institution	:								
	Go to #35									
20.	NON-INSTITUTIONAL CARE  Check the block that best describes your current residence, then Go to #21:									
	<u> </u>									
	Foster Home Group Home Other (Sp									
21.	Give the following information about your Noninstitution  (a) Name of facility where you live:	onal Care:								
		Address	Telephone Number							
	(b) Name of placing agency	ruuress	Telephone Number							
			( ) -							
	(c) Does this agency pay for your room and board?									
	YES Go to #35 NO If NO, who pays?		Ca to #25							
	HOUSEHOLD AR	RANGEMENTS	Go to #35							
22.	Check the block that describes your current residence,	then Go to #23:								
•	House	Mobile Home								
,	Apartment	☐ Houseboat								
•	Room (private home)	Other (Specify)	1							
•	Room (commercial establishment)	1								
23.	Do you live alone or only with your spouse?	YES Go to #	25 NO Go to #24							
		I								

		Pul Assis		C		Birthdate	Blin Disa		Mar		der 22	dent	Social Security	
Name	Relationship	YES		M	ex F	mm/dd/yy	YES		YES		YES		Number	
f anyone listed is u	inder age 22 an	d not r	narried	l, G	o to	(b); otherwi	se, G	o to #	<sup>#</sup> 25.		-	-		
(b) Does anyone lis between ages 18-2	• •		U		•	R	] YE	S Go	o to (d	:)			NO Go to #2	
(c) Child Recei	iving Income					Source an	nd Typ	ре				Monthly Amount		
												\$		
												\$		
												\$		
												\$		
												\$		
												\$		
25. (a) Do you (or	da a a a a a va a a a va d	مرانيم	c with	\/OI	1) 01	vn _						 П N		

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 r	ot own	or rent	Go to	#35; d	othe	rwise	, Go	to #	29.
26.	(a) Are you (or your living with spouse you own the place where you live?	e) buying or do		YES Go to	(c)			with	you	r pare	nild living ent(s) Go ise Go to
	(b) Are your parent(s) buying or do the where you live?	ey own the place	e YES Go to (c) NO Go to #27						<del>!</del> 27		
	(c) What is the amount and frequency	of the mortgage	ge payment?								
	Amount: \$		Frequen	cy of F	ayment	:					Go to (d)
	(d) If you are a child living only with y subject to deeming, or with others in Go to #35; otherwise Go to #29.	•	•								
27.	(a) Do you (or your living with spouse liability for the place where you live?	e) have rental	☐ YI	ES G	o to (d)		wi	you a ith yo	ur p	arent	l living (s) Go to o to (c)
	(b) Does your parent(s) have rental lia	bility?	☐ YI	ES G	o to (d)		NC	) 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 ho	ome ownership:								G	o to #29
	(d) What is the amount and frequency	of the rent paym	nent?								
	Amount: \$		Freque	ncy of	Paymer	nt:				G	o to #28
28.	(a) Are you (or anyone who lives with or child of the landlord or the landlord			YES	Go to	(b)		N	10	Go t	
	(b) Name of person related to landlord or landlord's spouse	Relationship			dress of irea cod				e tel	ephoi	ne
	(c) If you are a child living only with y subject to deeming, or with others in Go to #35.										
29.	(a) Does anyone living with you contr household expenses? (NOTE: See list expenses in #34)			YES	Go to	(b)			10	G	o to #30
	(b) Amount others contribute: \$									G	o to #30

30.	(a) Do you eat all your meals out?		YES	Go to #31		NO	Go to (b)
	(b) Do you buy all your food separately from other household members:		YES	Go to #31		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?		YES	Go to (b)		NO	Go to #32(d)
	(b) Give the name, address and telephone number of the	e person	with	whom you ha	ve a loan	agre	ement :
	(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	#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 has (Show average over the past 12 months unless you has months. If so, show average for the months you have	ve been	residir	ng at your pre		ess l	ess than 12
	CASH EXPENSES			AVERAGE M	ONTHLY A	<b>7</b> МО	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.		nyone who does or shelter items	s NOT LIVE with you pay for, ?	or provide yo	ou or your hous	sehold (if appli	cable), any of
	☐ YES	Name of Provid	der (Person or Agency)				
		List of Items _					
		Monthly Value:	\$				
	□ NO						Go to (b)
		•	s NOT LIVE with you give you hold's food or shelter items?	ı, or your ho	usehold (if app	licable), mone	y to pay for
	☐ YES	Name of Provid	der (Person or Agency)				
		List of Items _					
		Monthly Value:	\$				
	□ NO						Go to #36
36.		_	ven in #17-35 been the same the filing date month?	YES	Go to (b)	NO Explain then Go	in Remarks, to (b)
	(b) Do you	u expect any of	this information to change?		in in Remarks, Go to #37	☐ NO Go	to #37
	RT III - RI e month.		The questions in this sec	tion pertain	n to the first	moment of	the filing
37.	alone or w	vith other people	our name appear on, either e, the title of any vehicles camper, boat, etc.)?	YES	You NO	YES	Spouse NO
	(4410)	,,,		Go to (b)	Go to #38	Go to (b)  Current	Go to #38
	(b) Owne	er's Name	Description (Year, Make & Model)	Used	For	Market Value	Amount Owed
						\$	\$
						\$	\$
						\$	\$
						\$	\$
38.	(a) Do you policies?	ı own or are you	ı buying any life insurance	YES	<b>∕ou</b> NO	Your YES	Spouse NO
				Go to (b)	Go to #39	Go to (b)	Go to #39

38.	(b)	Ow	ner's Name	Name of	Insure	ed			Address of Company		Р	olicy l	Numbe	r
Po Po Po (c) (b)	Policy (#1)													
	Policy (#2)													
	Policy (#3)													
		l								]	Divid	ends	Accumu- lations	
		F	ace Value	Cash Surrer	nder V	'alue	Date	e of	Purchase	Υ	/ES	NO	YES	NO
	Policy (#1)	\$		\$										
	Policy (#2)	\$		\$										
-	Policy (#3)	\$		\$										
	(c) Loans Against Policy? TYES Policy Number:													] NO
			Amount:	\$									Go	to #39
39.	(a) Do vou	(either a	lone or jointly wi				Yo	ou			Υ	our Sp	ouse	
	person) ow		,		١	/ES		NO		YES		NC	)	
	Life est estate?		t in an unprol	oated										
	Items a investm	-	alue as an											
	(b) Give the	e followi	ng information fo	r any "Yes" a	answe	r in #3	39(a); otł	herv	vise, Go to	#40	١.	-		
	Owner's	Name	Name of Item	Value	e	Amo	ount Owe	ed		ame & Address of Bank or Other Organization				cor
				\$		\$								
				\$		\$								
				\$		\$								
				\$		\$								

a) Do you own, or does your name appear on (eithe alone or with any other person's name) any of the ollowing items?		Y	ou e	Your	Spouse	
following items?	ther person s hame	ally of the	YES	NO	YES	NO
Cash at home, with	h you, or anywhere	e else				
Financial Institution	n Accounts					
Checking						
Savings						
Credit Unio	n					
Christmas C	Club					
Time Depos	sits/Certificates of [	Deposit				
Individual In	ndian Money Accou	nt				
Other (Including IR	As and Keough Ac	counts)				
(b) If all the items in			<u> </u> #41. For any	TYES" answe	I r, give the fol	llowing
Owner's/Trustee's Name	Name of Item	Value	Name & A	or Other	ldentifying Number	
		\$				
		\$				
		\$				
(a) Do you give us	permission to obta	in any financial	Y	ou ·	Your Spo	use, if filing
records from any fi		·	YES	□NO	YES	□NO
			Go to (b)	Go to (b)	Go to (b)	Go to (b)
(b) Do you own or the following items	-	opear on any of	Y	ou T	Your	Spouse
the following items	·•		YES	NO	YES	NO
Stocks or Mutual F	unds					
Bonds (Including U	.S. Savings Bonds)					
Promissory Notes						
Trusts						
Other items that ca	an be turned into ca	ash				
<u> </u>				I	I	1

	c) If all the items in a nformation:	#41(b) are answered	d "NO", Go to	#42. For a	ny "YES" answer	r, give the	following
(	Owner's/Trustee's Name	Name of Item	Value	Name &	Address of Bank Organization	or Other	ldentifying Number
		\$					
		\$					
		\$					
		\$					
2. (	a) Do you have any l	land, houses, buildir	ngs, real		You	Yo	ur Spouse
p	property, property in mineral rights, items	a foreign country, e	quipment,	☐ YES	☐ NO	YES	☐ NO
a p	aside for emergencies property of any kind i anywhere else on the	s or for your heirs, o that has not been sl	or any other	Go to (b)	Go to #43	Go to (b	) Go to #43
	b) Describe the propand what is next plan		location, and	how it is use	ed. If not used n	ow, when	was it last used
	Item #1						
Ī	Item #2						
	Owner's Name	Estimated Currer Market Value	Tax Asse	essed Value	Mortgage		Owed on Item
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	

		u or your spouse a ment of the filing	•	ssets	s since			YES	Go to	(b)			NO	G	io to (c)
	(b) Explain:														
	value of you	e been any increa u or your spouse's the filing date mo	resources sin					YES	Go to	(d)			NO	G	io to #44
	(d) Explain:														
44.	(a) Have yo	u or your spouse s	sold, transferr	ed tit	le,			Yo	u			Your Spouse			
	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			ate	☐ YES ☐ NO			☐ YES	5		□ NO				
	month or w	ithin the 36 month	ns prior to the	TIIIng	g date				Go	to (	b)				Go to (b)
	another pers transfer, or	o-owned any mone son(s), did you or give away any co thin the 36 month	any co-owner -owned mone	sell, y or		Π,	ΥES	6	□ N	0		☐ YES	3		□ NO
	IF YOU ANS	SWERED "YES" T	O (a) OR (b),	GO T	O (c).	IF "NO	<b>)</b> "	то вс	TH, G	O T	O #	<b>#45</b> .			
	(c)	OWNER'S/CO-OW	VNERS NAME	D	ESCRIP	TION C	)F I	PROPE	RTY			DATE O	F DIS	PC	SAL
	ITEM #1														
	ITEM #2														
	ITEM #3														
1		NAME AND AD PURCHASER OR		F	RELATIO	ONSHIP TO OWNER			١	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT					
	ITEM #1									\$					
	ITEM #2									\$					
	ITEM #3									\$					
,		SALES PRICE ( CONSIDERATION			OTHER CEEDS					DO	Υ(	YOU STILL OWN PART OF THE PROPERTY?			
	ITEM #1														
	ITEM #2														
1	ITEM #3														
		SOLD ON OPEN	I MARKET?		GIV	EN AV	۷A۱	Y?		TF	RAD	DED FOR	GOOD	S/	SERVICES?
	ITEM #1	YES	□ NO		YES			NO				YES			NO
	ITEM #2	YES	□ NO		YES			NO				YES		Ī	NO
	ITEM #3	YES	NO		YES			NO				YES		Ī	NO

ֈҕ. (a) Do you have any as	sets set aside for buri	al			You		Your	Spouse
expenses such as buria or anything else you int	l contracts, trusts, ag	reements,	│ │ □ YE	ES	□ NO		YES	□ NO
Include any items ment			Go to		— Go to #46		to (b)	— Go to #46
(b) DESCRIPTION (When name & address of organicy number.)		/ VAL			WHEN SET ASIDE onth, day, year)	(	OWNER'S NAME	
Item 1	Item 1							
Item 2		\$						
FOR WHOSE B	BURIAL IS ITE	EM IRREVO	CABLE		VILL INTEREST IN VALUE REM			
Item 1		YES	ОИ		YES Go	to #46	]	□ NO
Item 1		YES [	] NO		☐ YES			Explain in (c)  NO
		11.5	] 140		Go to #46			Explain in (c)
(a) Do you own any cer vaults, urns, mausoleun burial or any headstone	ns, or other repositori		☐ YE		You NO Go to #4		<b>Your</b> YES to (b)	Spouse NO Go to #47
(b) Owner's Name	Description	For Who			Relationship or Your Sp	to You		t Market Value
							\$	
							\$	
							\$	Go to #4

## **PART IV -- INCOME**

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?		ou	Your Spouse		
		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	k checke	d YES	ın #4/	(a); other	wise,	Go to #48		
	Person Receiving Income	Type of Income	Amount Received	Frequer Paym	-		Expected eceived	Addre Bank,	irce (Name, ess of Person, Organization, Company)	ldentifying Number	
			\$								
			\$								
			\$								
	IF YOU EVER I	RECEIVED SSI BE	FORE, GO TO	#48; OTI	HERWI	SE GO	TO #49				
48.		ayments being co				•	You		Your	Spouse	
	Railroad Retire	om the Social Sec ment Board, Offic	ce of Personnel			☐ YES ☐ NO			☐ YES	□ №	
	Military Specia	Veterans' Affairs al Pay Allowances , or State Disabili	, Black Lung, V	Vorkers'	Expla Rema then #49	ain in arks, Go to	Go to	#49	Explain in Remarks, then Go to #49	Go to #49	
49.	9. Since the first moment of the filing date month, have you received or do you expect to receive any meals or other gifts which are not cash?			YES NO Explain in Go to #50 Remarks, then Go to #50				YES NO Explain in Go to #50 Remarks, then Go to #50			
50.	(a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?					'ES	□ N	0	YES	□ NO	
						o (b)	Go to	(e)	Go to (b)	Go to (e)	
	(b) Name and Address of Employer (include telephon				umbei	and ar	ea code,	if kno	wn)		
	You				Your Spouse						
				Go to (c)						Go to (c)	
	(c)	Date last w (month, da				ast paid			Date next (month, da	-	
	You		,,,,	(11	iontin,	uay, yo	zai /		(month, da	y, year)	
	V										
	Your Spouse										
	(d) Total mont deductions)		Your	Amour	nt	•	Your Spouse's Amount				
					\$				\$		
	(e) Do you (or your spouse) expect to receive any wages in the next 14 months?					You NO			Your	Spouse NO	
	(6) 11				Go to		Go to		Go to (f)	Go to #51	
		address of employ	er if different f	rom #50				numbe	er, if known)		
	You				Your	Spouse	:				

		RATE OF PAY	AMOUNT WORKEI PER PAY PERIOD	)	HOW OFTEN PAID		Y DAY OR ATE PAID	DATE LAST PAID (month, day, year	
	You	\$							
	Your Spouse	\$							
	-	ou expect any ch in #50(g)	ange in wage information	□ \ Go t	You YES No o (i) Go to i		Yo So to (i)	our Spouse  NO Go to #51	
(i)	Explai	n Change:					<u>!</u>		
Yo	ou			Your	Spouse				
be mo	eginning onth o	g of the taxable	nployed at any time since the year in which the filing date expect to be self-employed in	⊣⊔`	You YES		YES Go to (b)	our Spouse  NO Go to #52	
(b)	) Give	the following info	ormation; then Go to #52			•			
Da	ate(s) Se	elf-Employed	Type of Business		ast Year's: ross Income	Last Net F	<b>Year's:</b> Profit	Last Year's: Net Loss	
Da	ate(s) Se	elf-Employed	Type of Business		nis Year's: ross Income	This Net F	<b>Year's:</b> Profit	This Year's: Net Loss \$	
ha	ive any		blind or disabled, do you es that you paid which are k?	Rem	ain in Go to arks; Go to		Yo YES Explain in Remarks; then Go t #53		
		your spouse/par ourt-ordered supp	ent who lives with you have port?	YES Go to (b) NO Go to NOTE					
	(b) Give amount and frequency of court-ordered support payment.				unt:		Frequency:		
<u> </u>	,			Nam	۵۰		Address:	Go to (c)	
	(c) Give the following information about the person who receives these payments:			INGIII	<b>G.</b>		Address.		
			G AS A CHILD AND YOU AR THERWISE, GO TO #55.	E EMP	LOYED OR AGE	18 - 2	22 (WHETH	IER EMPLOYED	

54.	(a) Have you attended school regular date month?	YES Go	o to (d)	☐ NO Go	to (b)			
	(b) Have you been out of school for r calendar months?	more than 4	YES Go to (c) NO Go to (c)					
	(c) Do you plan to attend school regunext 4 months?		plain absence and Go to (d)	□ NO Go	to #55			
	Name of School	ntact	Dates of Attenda From To	ance Cours	se of Study			
		Phone Number		Hours Attending Planning to Atte	-			
	RT V - POTENTIAL ELIGIBILITY		AMPS/MED	ICAL ASSIS	TANCE/OTI	IER		
DEI	NEFITS - If a California resident, S	окір то #56		You	Vous Cno.	use if filing		
55.	(a) Are you currently receiving food s	YES Go to (b)	NO Go to (c)	YES Go to (b)	<b>Ise, if filing</b> ☐ NO Go to (c)			
	(b) Have you received a recertificatio past 30 days?	YES Go to (e)	☐ NO Go to #56	YES Go to (e)	NO Go to #56			
	(c) Have you filed for food stamps in the last 60 days?  (d) Have you received an unfavorable decision?			NO Go to (e)	Go to (d)	NO Go to (e)		
				□ NO Go to #56	YES Go to (e)	□ NO Go to #56		
(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #56.					Go to #56.			
	(f) May I take your food stamp applic	f) May I take your food stamp application today?			YES Go to #56	☐ NO Explain in (g)		
	(g) Explanation:							
56.	You may be eligible for Medicaid. Ho medical care. Also, you must give in your legal responsibility. This include want Medicaid, you must agree to al companies, that are available to pay any person who receives Medicaid are you do not agree to this Medicaid red Agency.	formation to help the sinformation to he low your State to some for your medical cand is your legal respectively.	he State get elp the State seek paymen are. This inclu ponsibility. T	medical support determine who ts from sources udes payments he State cannot	t for any child a child's fatho , such as insu for medical ca t provide you	(ren) who is er is. If you trance are for you or Medicaid if		
	IN STATES WITH AUTOMATIC ASSI	IGNMENT OF RIGH	ITS LAWS, G	io to (b).				
	(a) Do you agree to assign your right anyone for whom you can legally ass payments for medical support and ot to the State Medicaid agency?	sign rights) to her medical care	YES Go to (b)	You NO Go to #57	Your Spou	use, if filing NO Go to #57		
	(b) Do you, your spouse, parent or st any private, group, or governmental I that pays the cost of your medical ca include Medicare or Medicaid.)	nealth insurance	YES Go to (c)	NO Go to (c)	YES Go to (c)	NO Go to (c)		
	(c) Do you have any unpaid medical of months prior to the filing date mon	YES Go to #57	☐ NO Go to #57	YES Go to #57	☐ NO Go to #57			

57.	7. (a) Have you ever worked under the U.S. Social Security System?			YES Go to (b) NO Go to (b)						
	(b) Have you, your spouse, or a former spous parent if you are filing as a child) ever:	se (or	Yo	ou	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 Governmen	t								
	Worked for an employer with a pension	plan								
	Belonged to union with a pension plan									
	Worked under a Social Security system plan of a country other than the United	States?								
	(c) Explain and include dates for any "Yes" a	nswer give								
	You:		Your Sp	ouse, if f	iling/You	Parent, i	f filing as	a child:		
	RT VI MISCELLANEOUS (Answer #5 E: OTHERWISE GO TO #59.	58 ONLY IF	YOU AR	E APPLYI	NG ON B	EHALF O	F SOMEO	NE		
58.	(a) Name of Person/Agency Requesting Benefits.	Relationship	p to Claim	nant		our Social · EIN)	Security	Number		
	(b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee?		☐ YES ☐ NO (Explain in Remarks)							
	RT VII REMARKS(You may use this ore each explanation. If you need more	-	-	-			tem nun	nber		

## 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 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 Date (month, day, year) Your Signature (First name, middle initial, last name) (Sign in ink.) Telephone Number(s) where we can contact you SIGN during the day: **HERE** 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) ZIP Code City and State County 62. Claimant's Residence Address (If different from applicant's mailing address) City and State ZIP Code County 63. **FOR DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION) OFFICIAL** Routing Transit Number | C/S Number **Depositor Account** No Account USE ONLY **Direct Deposit** Refused 64. If you are blind or visually impaired, 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. 2. Signature of Witness 1. 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 FO	OR SUPPI	EMENTAL SECURITY IN	NCOME
Name	Social Security Number	Date	
Name	Social Security Number	Date	
If you have a question or something to report call:	Social Se	curity Office you may visit or	mail your request to:
For general information about Social Security, visit our we	bsite at ww	w.socialsecurity.gov on the Inte	rnet.
We will process your application for Supplemental Securit information or records we have asked for, please contact			e trouble getting any
You should hear from us within days after you have longer if additional information is needed. If you do not go			

# 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="https://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.

#### **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 (TTY 1-800-325-0778) or
- · In person or

touch with us.

By mail at the address shown above.

CHANGES T	O 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,</li> </ul>	<ul> <li>You leave the United States for 30 consecutive days.</li> <li>You are no longer a legal resident of the United States</li> </ul>
prison, or other correctional facility or other institution.	
HOW YOU LIVE -You must report to Social Security:	. Varia in a sital atatus alcanias
<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> </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</li> </ul> </li> </ul>
Your spouse or former spouse dies.	wife.
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> <li>Win money from gambling or a lottery.</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>
HELP YOU GET FROM OTHERS -You must report to So	ocial Security if:
<ul> <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:
<ul> <li>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).</li> </ul>	<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.
<ul> <li>IF YOU ARE UNDER AGE 18 AND YOU ARE LIVING W made if:</li> <li>Your parents have a change in income, a change in the state of the state of</li></ul>	HEITH YOUR PARENTS-A report to Social Security must be 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	t to Social Security must be made if:
You start or stop school     You get married o	r 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:
<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	T -You must report to Social Security if:
<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>	<ul> <li>Your warrant is for a violation of probation or parole under Federal or State law.</li> </ul>