

7. (a) During the past 12 months, did you receive income from any of the following sources?

INCOME SOURCES	Yes	No	Dates Received		Monthly Amount
			From:	To:	
FEDERAL BENEFITS					
Social Security (<i>This does not include SSI</i>)					
Railroad Retirement					
Veterans Affairs					
Office of Personnel Management (<i>Civil Service</i>)					
Military Pension					
Black Lung					
Bureau of Indian Affairs					
STATE/LOCAL BENEFITS					
Unemployment Compensation					
Workers' Compensation					
State Disability					
State or Local Pension					
PRIVATE BENEFITS					
Employer or Union Pension					
Insurance or Annuity Payment					
OTHER PENSION, ANNUITY, RETIREMENT OR DISABILITY BENEFIT (<i>Show Source</i>)					

(b) During the past 12 months, did you receive a lump sum payment, instead of monthly or other recurring payments, from any of the above sources? YES NO
If "YES," explain below.

8. (a) Have you ever been deported or removed from the United States? YES NO
If "YES," answer (b) and (c) below.

(b) Enter Month, Day, Year you were deported or removed from the United States.
Month Day Year

(c) Have you ever been lawfully admitted to the United States for permanent residence after the date in (b) above? YES NO

9. Is there an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are you currently in violation of a condition of probation or parole imposed under Federal or State law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. (a) Have you established residence outside the 50 States, the District of Columbia, or the Commonwealth of the Northern Mariana Islands? If "YES," complete (c) and (d) below. If "NO," complete (b) below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Do you intend to establish residence outside the 50 States, the District of Columbia or the Commonwealth of the Northern Mariana Islands? If "YES," complete (c) and (d) below. If "NO," go to signature block on page 4.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Date residence began or will begin	<u>Month, Day, Year</u>	
Date residence ended or will end (if applicable)	<u>Month, Day, Year</u>	
(d) Enter below your full address outside the United States (include zip/postal code).		

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

IMPORTANT INFORMATION — PLEASE READ CAREFULLY

- You must tell us about any changes shown on the attached Reporting Instructions within 10 days after the end of the month it happens.
- 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.

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 statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

SIGNATURE OF APPLICANT	Date (Month, Day, Year)
Signature (First Name, Middle Initial, Last Name) (Write in ink)	Telephone Number

Applicant's Mailing Address (Number & Street, Apt. No., P.O. box)
 (Enter Residence Address in "Remarks," on page 3 if different.)

City and State	Country	ZIP/Postal Code
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in the Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State, Country and ZIP/Postal Code)	Address (Number and Street, City, State, Country and ZIP/Postal Code)

REPORTING INSTRUCTIONS FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to Social Security if:

- You change your mailing address or residence.
- You return to or visit the United States for a calendar month or longer.
- You become unable to manage benefits.
- You have been deported or removed from the United States.
- There is an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.
- You are in violation of a condition of probation or parole.
- You receive a pension, annuity or other recurring payment. This includes payments such as workers' compensation, veterans benefits or disability benefits. You must also report if the amount of these payments changes.
- Additionally, your family or other knowledgeable person must notify SSA if you die.

HOW TO REPORT

You can make your reports by telephone, mail or in person. You can contact any U.S. Embassy, Consulate, or any U.S. Social Security Office. If you live in the Philippines, you may contact:

Social Security Administration
1201 Roxas Boulevard
Ermita 0930 Manila
Telephone: 632-301-2000 Ext. 9
Email: FBU.MANILA@SSA.GOV

RECEIPT FOR YOUR CLAIM FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

NAME	SOCIAL SECURITY NUMBER	DATE
Telephone Number to call if you have a question or something to report.	Social Security Office you may contact	

Your application for Special Benefits for World War II Veterans will be processed as quickly as possible. If you have any questions about your claim, we will be glad to 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.

PRIVACY ACT NOTICE

Application for Special Benefits for World War II Veterans

Section 806 of Section 251 of P.L. 106-169, authorizes us to collect this information. We will use the information you provide to determine whether you are eligible for Special Veterans Benefits. Furnishing us this information is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your claim, and could result in the loss of some payments.

We generally use the information you supply for determining eligibility for Special Veterans Benefits. We rarely use the information you supply for any purpose other than the reason stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose this information to another person or to another agency in accordance with approved routine uses, which include but are not limited to:

See revised Privacy Act Statement under supplementary documents of collection instrument.

1. To enable a third party or an agency to assist Social Security in the processing of your claim; and
2. To comply with Federal laws requiring the release of information to the Accountability Office and Department of Veterans Affairs;
3. To make determinations for eligibility in similar health and disability benefit programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative 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.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Master Files of Social Security Number (SSN) Holders and SSN Applications, 60-0058; Claims Folders System, 60-0089; Supplemental Security Income Record and Special Veterans Benefits, 60-0103; and Social Security Title VIII Special Veterans Benefits Claims Development and Management Information System, 60-0273. These notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any 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 20 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.**