APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI) (Deferred or Abbreviated)

Do Not Write in This Space

☐ DEFERRED ☐ ABAP
☐ SNAP-SSA/APP ☐ SNAP-REFERRED
Filing Date (MM/DD/YYYY)
☐ Receipt ☐ Protective
Preferred Language:
Written:
Spoken:

I am/We are applying for Supplemental Security Income and any federally administered state supplementation under Title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under Title XIX of the Social Security Act.

TYPE OF CLAIM ☐ Individual ☐ Individual with Ineligible Spouse ☐ Couple ☐ Child ☐ Child with Parent(s)

PART 1 - BASIC ELIGIBILITY - Answer the questions below beginning with the first moment of the filing date month.

1. First Name, Middle Initial, Last Name	2. Sex ☐ Male ☐ Female	3. Birthdate (MM/DD/YYYY)	4. Social Security Number
5. If filing as spouse or couple (a) Spouse's Name(s)	6(a). Sex ☐ Male ☐ Female	7(a). Birthdate (MM/DD/YYYY)	8 (a). Social Security Number(s)
If filing for child (b) Parent 1's Name(s)	6(b). Sex ☐ Male ☐ Female	7(b). Birthdate (MM/DD/YYYY)	8 (b). Social Security Number(s)
If filing for child (c) Parent 2's Name(s)	6(c). Sex ☐ Male ☐ Female	7(c). Birthdate (MM/DD/YYYY)	8 (c). Social Security Number(s)

8(d). Are you married?
☐ YES, complete (e) and (f) ☐ NO, Go to (g)

(e) Date of Marriage (MM/DD/YYYY)

(f). Are you and your spouse living together?
☐ YES ☐ NO If no, date you began living apart _____

(g). Are you and another person living together in the same household and presenting to others or the community as a married couple?

☐ YES, provide the date holding out began (MM/DD/YYYY) _____. Go to (h)*.
☐ NO Go to #9.

*(h) Other person's name (First, middle initial, last)	Other person's Social Security Number

*Use SSA-4178 to develop the holding out relationship.

9. Other Name(s) and Social Security Number(s) you or your spouse used. If filing for child benefits go to (c) and (d).

(a) Your Other Name(s) (including Name at Birth)	Social Security Number
(b) Spouse's Other Name(s) (including Name at Birth)	Social Security Number
(c) Parent 1's Other Name(s) (including Name at Birth)	Social Security Number
(d) Parent 2's Other Name(s) (including Name at Birth)	Social Security Number

10. Your Place of Birth (City and State or Foreign Country)

11. Spouse's Place of Birth (City and State or Foreign Country)

12. If you are filing for yourself, go to (a); if you are filing for a child, go to (e).

	You		Your Spouse, if filing	
(a) Are you unable to work or is your work limited because of illnesses, injuries, or conditions?	☐ YES Go to (b)	☐ NO Go to #13	☐ YES Go to (b)	☐ NO Go to #13
(b) Enter the date you became unable to work	(MM/DD/YYYY) Go to (c)		(MM/DD/YYYY) Go to (c)	
(c) Are you blind or do you have low vision even with glasses or contacts?	☐ YES	☐ NO Go to (d)	☐ YES	☐ NO Go to (d)

(d) If you were unable to work because of illnesses, injuries, or conditions before age 22, do you have a parent or stepparent who is age 62 or older, unable to work because of illnesses, injuries, or conditions, or deceased?	☐ YES Provide name(s) and Social Security Number(s) in Remarks Go to #13	☐ NO Go to #13
(e) When did the child become disabled? (MM/DD/YYYY) Go to (f)		
(f) Is the child blind or does he or she have low vision even with glasses or contacts?	☐ YES Go to (g)	☐ NO Go to (g)
(g) Does the child have a parent or stepparent who is 62 or older, unable to work because of illnesses, injuries, or conditions, or deceased?	☐ YES Provide name(s) and Social Security Number(s) in Remarks Go to #13	☐ NO Go to #13

13. If you (and your spouse filing for benefits) were a United States citizen at birth, go to #17; otherwise go to (a).

	You		Your Spouse, if filing	
(a) Are you a naturalized United States citizen?	☐ YES Go to #17	☐ NO Go to (b)	☐ YES Go to #17	☐ NO Go to (b)
(b) Are you an American Indian born outside the United States?	☐ YES Go to (c)	☐ NO Go to (d)	☐ YES Go to (c)	☐ NO Go to (d)

13. (c) Check the block that shows your American Indian status.

You	Your Spouse, if filing
☐ American Indian born in Canada — Go to #17	☐ American Indian born in Canada — Go to #17
☐ Member of a Federally recognized Indian Tribe; Name of Tribe: — Go to #17	☐ Member of a Federally recognized Indian Tribe; Name of Tribe: — Go to #17
☐ Other American Indian — Explain in Remarks, then Go to (d)	☐ Other American Indian — Explain in Remarks, then Go to (d)

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

You	Your Spouse, if filing
☐ **Amerasian Immigrant** — Go to #14	☐ **Amerasian Immigrant** — Go to #14
☐ **Asylee** Date status granted (MM/DD/YYYY): — Go to #16	☐ **Asylee** Date status granted (MM/DD/YYYY): — Go to #16
☐ **Conditional Entrant** Date status granted (MM/DD/YYYY): — Go to #16	☐ **Conditional Entrant** Date status granted (MM/DD/YYYY): — Go to #16
☐ **Cuban/Haitian Entrant** — Go to #16	☐ **Cuban/Haitian Entrant** — Go to #16
☐ **Deportation/Removal Withheld** Date (MM/DD/YYYY): — Go to #16	☐ **Deportation/Removal Withheld** Date (MM/DD/YYYY): — Go to #16
☐ **Lawful Permanent Resident** — Go to #14	☐ **Lawful Permanent Resident** — Go to #14
☐ **Parolee for One Year** — Go to #16	☐ **Parolee for One Year** — Go to #16
☐ **Refugee** Date of entry (MM/DD/YYYY): — Go to #16	☐ **Refugee** Date of entry (MM/DD/YYYY): — Go to #16
☐ Unknown/Other — Explain in Remarks, then Go to (e)	☐ Unknown/Other — Explain in Remarks, then Go to (e)

(e) If you have status, or have applied for status, as the spouse, child, or parent of a child of a United States citizen, or a lawfully admitted permanent resident, Go to #15; otherwise, Go to #17.

	You	Your Spouse, if filing
14. (a) Date of admission:	(MM/DD/YYYY)	(MM/DD/YYYY)
(b) Was your entry into the United States sponsored by any person or promoted by an institution or group?	☐ YES Go to (c) ☐ NO Go to (d)	☐ YES Go to (c) ☐ NO Go to (d)

(c) Give the following information about the person, institution or group:

Name	Address	Phone Number

	You	Your Spouse, if filing
(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	(MM/DD/YYYY) From: To:	(MM/DD/YYYY) From: To:
(e) If filing as an adult, did your parents ever work in the United States before you were 18?	☐ YES Go to (f) ☐ NO Go to #16	☐ YES Go to (f) ☐ NO Go to #16

(f) Name and Social Security Number of parent(s) who worked.

Name	Social Security Number
Name	Social Security Number

	You	Your Spouse, if filing
15. (a) Have you, your child, or your parent, been subjected to battery or extreme cruelty while in the United States?	☐ YES Go to (b) ☐ NO Go to #17	☐ YES Go to (b) ☐ NO Go to #17
(b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty?	☐ YES Go to #16 ☐ NO Go to #17	☐ YES Go to #16 ☐ NO Go to #17
16. Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States?	☐ YES Explain in Remarks, then Go to #17 ☐ NO Go to #17	☐ YES Explain in Remarks, then Go to #17 ☐ NO Go to #17
17. (a) When did you first make your home in the United States?	(MM/DD/YYYY)	(MM/DD/YYYY)
(b) Have you lived outside of the United States since then?	☐ YES Go to (c) ☐ NO Go to #18	☐ YES Go to (c) ☐ NO Go to #18
(c) Give the date(s) of residence outside the United States.	Date Left: (MM/DD/YYYY)	Date Left: (MM/DD/YYYY)
	Date Returned: (MM/DD/YYYY)	Date Returned: (MM/DD/YYYY)

	You	Your Spouse, if filing
18. (a) Have you been outside the United States (the 50 States, District of Columbia and Northern Mariana Islands) 30 days prior to the filing date?	☐ YES Go to (b) ☐ NO Go to #19	☐ YES Go to (b) ☐ NO Go to #19
(b) Give the date (MM/DD/YYYY) you left the United States and the date you returned to the United States.	Date Left: (MM/DD/YYYY)	Date Left: (MM/DD/YYYY)
	Date Returned: (MM/DD/YYYY)	Date Returned: (MM/DD/YYYY)

19. Claimant's Mailing Address (Number & Street, Apt. No., P.O. Box, or Rural Route)

City and State (U.S.)	ZIP Code	Name of County in which you live	Telephone Number
State/Province/Region (Foreign)	Postal Code	Country	

20. If you are blind or visually impaired, check the type of mail you want to receive from us

- ☐ Standard notice First-Class
- ☐ Standard notice First-Class with a follow-up phone call
- ☐ Standard notice & data CD by First-Class
- ☐ Standard notice Certified
- ☐ Standard & Braille notices by First-Class
- ☐ Standard & large print notices
- ☐ Standard notice & audio CD

	You	Your Spouse, if filing
21. (a) Do you have any felony warrants for escape from custody, flight to avoid prosecution or confinement, or flight escape?	☐ YES Go to (b) ☐ NO Go to #22	☐ YES Go to (b) ☐ NO Go to #22
(b) In which State or country was the warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
(c) Was the warrant satisfied?	☐ YES Go to (d) ☐ NO Go to #22	☐ YES Go to (d) ☐ NO Go to #22
(d) Date warrant satisfied:	(MM/DD/YYYY)	(MM/DD/YYYY)

PART 2 - LIVING ARRANGEMENT (Use "Remarks" to explain any change between the first moment of the filing date month and today.)

22. Claimant's Residence Address (Number & Street, Apt. No., P.O. Box, or Rural Route)

City and State (U.S.)	ZIP Code	Name of County in which you live
State/Province/Region (Foreign)	Postal Code	Country

23. (a) Mark the box that describes where you live.

- ☐ House, apartment, mobile home, houseboat
- ☐ Room in commercial establishment
- ☐ Room in private home
- ☐ Noninstitution (rest home, retirement home, foster home, or group home)
- ☐ Institution (hospital, rehabilitation center, prison, or school)
- ☐ Transient or homeless

(b) Date you began living there: (MM/DD/YYYY)

24. Mark the box that describes with whom you live. If you live in a foster home, group home, or an institution, or if you are a transient or homeless, do not answer but explain in remarks.

☐ Alone ☐ Spouse/Parents and/or Children ☐ Other People

PART 3 - RESOURCES (Show resources as of the first moment of the filing date month. Use "Remarks" to explain any changes.)

25. If you own, or your name or your spouse's/parent's name(s) appear on any of the following items (either alone or with other people's name(s)), enter the total cash value of item(s) on each line.

	Yes	No	Description of Items Marked Yes	Co-owned With Others		Dollar Value You Own	Dollar Value Spouse or Parents Own
				Yes	No		
(a) Trust.	☐	☐		☐	☐	$	$
(b) Vehicle.	☐	☐		☐	☐	$	$
(c) Real Property Other Than Home.	☐	☐		☐	☐	$	$
(d) Business Equipment.	☐	☐		☐	☐	$	$
(e) Achieving a Better Life Experience (ABLE) Account.	☐	☐		☐	☐	$	$
(f) Financial Institution Account.	☐	☐		☐	☐	$	$
(g) Cash.	☐	☐		☐	☐	$	$
(h) Stock, Bond or Mutual Fund.	☐	☐		☐	☐	$	$
(i) Promissory Note, Loan, or Property Agreement.	☐	☐		☐	☐	$	$
(j) Items Held for Potential Value or Investment.	☐	☐		☐	☐	$	$
(k) Life Insurance.	☐	☐		☐	☐	$	$
(l) Burial Fund.	☐	☐		☐	☐	$	$
(m) Burial Space or Related Item.	☐	☐		☐	☐	$	$
(n) Other Resource.	☐	☐		☐	☐	$	$

26. Are there any assets set aside to meet burial expenses for you or your spouse/parent(s)? (If"Yes" describe the item in "Remarks".			
	Your answer	☐ YES	☐ NO
	Spouse's answer	☐ YES	☐ NO
	Parent 1's answer	☐ YES	☐ NO
	Parent 2's answer	☐ YES	☐ NO

	You	Your Spouse, if filing
27. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, including money or property in foreign countries, since the first moment of the filing date month or within the 36 months prior to filing date month?	☐ YES ☐ NO	☐ YES ☐ NO
27. (b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month?	☐ YES ☐ NO	☐ YES ☐ NO

IF YOU ANSWERED "YES" TO (a) or (b), GO TO (c). IF "NO" TO BOTH, GO TO #28.

(c)	Owner's/Co-Owner's Name	Description of Property	Date of Disposal
Item #1			
Item #2			
Item #3			

	Name and Address of Purchaser or Recipient	Relationship to Owner	Value of Property and/ or Amount of Cash Gift
Item #1			$
Item #2			$
Item #3			$

	Sale Price or Other Consideration	Are Other Considerations or Proceeds Expected? Explain	Do You Still Own Part of the Property?
Item #1			☐ YES ☐ NO
Item #2			☐ YES ☐ NO
Item #3			☐ YES ☐ NO

	Sold on Open Market?	Given Away?	Traded for Goods/ Services?
Item #1	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Item #2	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Item #3	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

	You	Your Spouse, if filing
28. Do you give us permission to obtain any financial records from any financial institution?	☐ YES ☐ NO	☐ YES ☐ NO

PART 4 - INCOME (List all income received since the first moment of the filing date month or expected in the next 3 months.) Include you, your spouse/parents.

29. List cash, checks, and direct payment to bank accounts you (your spouse/parents) received or expect to receive. Include income from wages, sick pay, self-employment, interest, social security, assistance based on need, VA, gifts, pensions, and any other type of income. Give date last paid if income will stop in the next 3 months.

Person Receiving Income	Type of Income	Amount	Frequency Received	Date Last Paid	Source of Income
		$			
		$			
		$			

Also, note here if anyone pays any bills for you directly or gives you money to pay them.

30. (a) Does your spouse/parent pay court ordered child support?	☐ YES Go to (b)	☐ NO Go to #31

(b) Give the amount and frequency of payment:

$

PART 5 - POTENTIAL ELIGIBILITY FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/ MEDICAL ASSISTANCE

	You		Your Spouse, if filing	
31. (a) Are you currently receiving SNAP benefits (formerly food stamps)?	☐ YES Go to (b)	☐ NO Go to (c)	☐ YES Go to (b)	☐ NO Go to (c)
(b) Have you received a recertification notice within the past 30 days?	☐ YES Go to (e)	☐ NO Go to #32	☐ YES Go to (e)	☐ NO Go to #32
(c) Have you filed for SNAP benefits in the last 60 days?	☐ YES Go to (d)	☐ NO Go to (e)	☐ YES Go to (d)	☐ NO Go to (e)
(d) Have you received a favorable decision?	☐ YES Go to #32	☐ NO Go to (e)	☐ YES Go to #32	☐ NO Go to (e)
(e) May I take your SNAP application today?	☐ YES Go to #32	☐ NO Explain in (f)	☐ YES Go to #32	☐ NO Explain in (f)

(f) Explanation:

32. 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 parent is. If you want Medicaid, you must agree to allow your State to seek payments from sources, such as insurance companies, that are available to pay for your medical care. This includes payments for medical care for you or any person who receives Medicaid and is your legal responsibility. The State cannot provide you Medicaid if you do not agree to this Medicaid requirement. If you need further information, you may contact your Medicaid Agency.

IN STATES WITH AUTOMATIC ASSIGNMENT OF RIGHTS LAWS, Go to (b)

	You		Your Spouse, if filing	
(a) Do you agree to assign your rights (or the rights of anyone for whom you can legally assign rights) to payments for medical support and other medical care to the State Medicaid agency?	☐ YES Go to (b)	☐ NO Go to #33	☐ YES Go to (b)	☐ NO Go to #33

	You		Your Spouse, if filing	
32. (b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.)	☐ YES Go to (c)	☐ NO Go to (c)	☐ YES Go to (c)	☐ NO Go to (c)
(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?	☐ YES Go to #33	☐ NO Go to #33	☐ YES Go to #33	☐ NO Go to #33

PART 6 - MISCELLANEOUS

ANSWER #33(a) ONLY IF YOU ARE REQUESTING BENEFITS ON BEHALF OF SOMEONE ELSE; OTHERWISE GO TO #33(b).

33. (a) Name of Person Requesting Benefits	Relationship to Claimant	Your Social Security Number

(b) Have you ever served as representative payee for a Social Security beneficiary or SSI claimant?	☐ YES Go to #34	☐ NO Go to #34

PART 7 - 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 8 - IMPORTANT INFORMATION - PLEASE READ CAREFULLY

34. 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.

PART 9 - SIGNATURES

35. 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.

36. Your Signature (First name, middle initial, last name) (Write in ink.)	Date (MM/DD/YYYY)

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

WITNESSES

38. Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing, who know you, must sign below giving their full address.

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

RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

Name	Social Security Number	Date
Name	Social Security Number	Date

If you have a question or something to report call:	Social Security Office you may visit or write to:

Your application for Supplemental Security Income will be processed as quickly as possible. You should hear from us within ____ days. If you do not hear from us within that time, please get in touch with us in person, by mail, or call us at the telephone number shown at the top of this page.

We may need more information before we can decide whether or not you are eligible for SSI payments. If we need more information, we will contact you. In the meantime, if you move or change your mailing address, you (or someone for you) should report the change to the office shown at the top of this page.

You (or someone for you) must let us know if your immigration status changes.

Also, you (or someone for you) must let us know if you are admitted to a hospital or other medical facility. You could lose some SSI payments if you do not let us know right away.

Always give your Social Security Number when writing or telephoning about your claim. If you have any questions about your claim, we will be glad to help you.

Privacy Act Statement
Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, allows us to collect this information. Furnishing this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to determine eligibility for Supplemental Security Income (SSI) payments. We may also share your information for the following purposes, called routine uses:

- To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act; and

- To State agencies to enable them to assist in the effective and efficient administration of the SSI program.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 01, 2003, at 68FR 15784, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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 19-20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE**. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.