

APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)

| | |
|--|--|
| <p>Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.</p> | <p>Do Not Write in This Space DATE STAMP</p> |
| <p>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.</p> | <p>Filing Date (MM/DD/YYYY)</p> |
| | <p><input type="checkbox"/> Receipt <input type="checkbox"/> Protective</p> |
| | <p><input type="checkbox"/> SNAP-SSA/APP <input type="checkbox"/> SNAP-Referred</p> |
| | <p>Preferred Language Written: Spoken:</p> |

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

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

| | | | | |
|----|--|--|---|--|
| 1. | (a) First Name, Middle Initial, Last Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthdate (MM/DD/YYYY) | Social Security Number |
| | (b) Did you ever use any other names (including maiden name) or any other Social Security Numbers? | <input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (d) | | |
| | (c) Other Name(s) | Other Social Security Number(s) used | | |
| | (d) If you are also filing for Social Security Benefits, go to #2; otherwise complete the following: | | | |
| | Parent 1's Name (s) | Parent 2's Name (s) | | |
| | Parent 1's Other Name (s) (Including Name at Birth) | Parent 2's Other Name (s) (Including Name at Birth) | | |
| | Go to #2 | | | |
| 2. | Applicant's Mailing Address (Number & Street, Apt. No., P.O. Box, Rural Route) | | | |
| | City and State (U.S.)/State/Province/Region (Foreign) | ZIP Code/Postal Code | County/Country | |
| 3. | Claimant's Residence Address (If different from applicant's mailing address) | | | |
| | City and State (U.S.)/State/Province/Region (Foreign) | ZIP Code/Postal Code | County/Country | |
| 4. | DIRECT DEPOSIT PAYMENT INFORMATION (FINANCIAL INSTITUTION) | | | |
| | Routing Transit Number | Account Number | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | <input type="checkbox"/> Enroll in Direct Express <input type="checkbox"/> Direct Deposit Refused |

Type of Claim:
Select the appropriate type of claim:
Individual for a person who is not married or living with someone as a spouse;
Individual with Ineligible Spouse for someone who is married, or living with someone as a spouse, but only one person is applying for SSI;
Couple, if married, or living together as spouses, and both people are applying for SSI;
Child, if younger than age 18, and is an orphan, emancipated or does not live with parents; or,
Child with Parent(s), if younger than age 18, and lives with one or both parent(s).



1) Write in applicant's name (preferably as it appears on his or her Social Security card),

- Select applicant's gender,
- Enter Applicant's Date of Birth, and
- Enter Applicant's Social Security Number.
- For DC claims, enter parent or parents' information.



2) Enter Applicant's Mailing address
3) Enter Applicant's Residence address. If applicant is experiencing homelessness, write Homeless.
4) If applicable, complete DD info or select refusal option.



5) Enter marriage information as best as possible. If a spouse's SSN is unknown, we will research this data by using the spouse's name and DOB.

6) Enter prior marriage information if applicable. SSA uses this information to determine Spouse's or Divorced Spouse's Benefits eligibility.

5. (a) Are you married? YES Go to (b) NO Go to #6

(b) Date of marriage: (MM/DD/YYYY)

(c) Spouse's Name (First, middle initial, last) Birthdate (MM/DD/YYYY) 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 Security Number(s) Used

(f) Are you and your spouse living together? YES Go to #6 NO Go to (g)

(g) Date you began living apart: (MM/DD/YYYY)

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

6. (a) Have you had any other marriages? If never married, check this box **You** YES NO **Your Spouse, if filing** YES NO
Go to (b) Go to 6(c) Go to (b) Go to 6(c)

(b) Give the following information about your prior marriages. If there was more than one prior marriage, show the remaining information in Remarks. Go to #7.

| | YOU | YOUR SPOUSE |
|--|-----|-------------|
| FORMER SPOUSE'S NAME (including maiden name) | | |
| BIRTHDATE (MM/DD/YYYY) | | |
| SOCIAL SECURITY NUMBER | | |
| DATE OF MARRIAGE (MM/DD/YYYY) | | |
| DATE MARRIAGE ENDED (MM/DD/YYYY) | | |
| HOW MARRIAGE ENDED | | |

(c) Are you and another person living together in the same household and presenting to others or the community as a married couple?
 YES If YES, provide the date holding out began _____, then go to (d)*
 NO Go to #7

(d) Other person's Name (First, middle initial, last) Other person's Social Security Number

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

• For SSI, we will determine if a couple living together in the same household will be considered as a "couple" for SSI purposes although not legally married.

7. 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? | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #8 | Your Spouse |
| (b) Enter the date you became unable to work. | (MM/DD/YYYY) | | (MM/DD/YYYY) |
| (c) Are you blind or do you have low vision even with glasses or contacts? | <input type="checkbox"/> YES Go to (d) | <input type="checkbox"/> NO Go to (d) | Your Spouse <input type="checkbox"/> YES Go to (d) <input type="checkbox"/> NO Go to (d) |
| (d) If you were unable to work because of illnesses, injuries, or conditions before you were age 22, do you have a parent who is age 62 or older, unable to work because of illnesses, injuries or conditions, or deceased? | | | |
| <input type="checkbox"/> YES Parent's Name: _____ | | | |
| Social Security Number: _____ | | | |
| Address: _____ | | | |
| _____ | | | |
| Parent's Name: _____ | | | |
| Social Security Number: _____ | | | |
| Address: _____ | | | |
| _____ | | | |
| <input type="checkbox"/> NO Go to #8 | | | |
| (e) When did the child become disabled? (MM/DD/YYYY) Go to (f) | | | |
| (f) Is the child blind or do they have low vision even with glasses or contacts? <input type="checkbox"/> YES Go to (g) <input type="checkbox"/> NO Go to (g) | | | |
| (g) Does the child have a parent(s) who is age 62 or older, unable to work because of illness, injuries, or conditions, or deceased? | | | |
| <input type="checkbox"/> YES Parent's Name: _____ | | | |
| Social Security Number: _____ | | | |
| Address: _____ | | | |
| _____ | | | |
| Parent's Name: _____ | | | |
| Social Security Number: _____ | | | |
| Address: _____ | | | |
| _____ | | | |
| <input type="checkbox"/> NO Go to #8 | | | |

8.

| | | | |
|-------------------------------|------|-------|---|
| Birthplace | City | State | Country (if other than the U.S.) |
| You | | | |
| Your Spouse, if filing | | | Go to #9 |

7) Enter Applicant's responses regarding work. SSA will evaluate this information to help determine the applicant's disability date of onset and potential Disabled Adult Child benefits.

- Skip to question #8 when complete.
- If you are filing for a child, skip to (e).

- If filing the application for a child, enter child's date of disability.
- SSI eligibility begins the month after the application date, and not the date the DC's disability began.
- Entitlement's to other SSA benefits may differ.

8) Enter Applicant's place of birth information.

9) If the Applicant was born in U.S., select yes, then skip to page 5, question 15.

10) If Applicant is a naturalized citizen, select yes, then skip to page 5, question 15.

11) If Applicant is an American Indian born *outside the U.S.*, complete section (b) then skip to page 5, question 15.

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| | | | |
|-----|---|---|--|
| 9. | Are you a United States citizen by birth? | You | Your Spouse, if filing |
| | | <input type="checkbox"/> YES Go to #15 | <input type="checkbox"/> NO Go to #10 |
| | | <input type="checkbox"/> YES Go to #15 | <input type="checkbox"/> NO Go to #10 |
| 10. | Are you a naturalized United States citizen? | <input type="checkbox"/> YES Go to #15 | <input type="checkbox"/> NO Go to #11 |
| 11. | (a) Are you an American Indian born outside the United States? | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (c) |
| | (b) Check the block that shows your American Indian status. | | |
| | You | Your Spouse, if filing | |
| | <input type="checkbox"/> American Indian born in Canada Go to #15 | <input type="checkbox"/> American Indian born in Canada Go to #15 | |
| | <input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #15 | <input type="checkbox"/> Member of a Federally recognized Indian Tribe; Name of Tribe Go to #15 | |
| | <input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c) | <input type="checkbox"/> Other American Indian Explain in Remarks, then Go to (c) | |
| | (c) Check the block below that shows your current immigration status | | |
| | You | Your Spouse, if filing | |
| | <input type="checkbox"/> Amerasian Immigrant Go to #12 | <input type="checkbox"/> Amerasian Immigrant Go to #12 | |
| | <input type="checkbox"/> Asylee Date status granted: Go to #14 | <input type="checkbox"/> Asylee Date status granted: Go to #14 | |
| | <input type="checkbox"/> Conditional Entrant Date status granted: Go to #14 | <input type="checkbox"/> Conditional Entrant Date status granted: Go to #14 | |
| | <input type="checkbox"/> Cuban/Haitian Entrant Go to #14 | <input type="checkbox"/> Cuban/Haitian Entrant Go to #14 | |
| | <input type="checkbox"/> Deportation/Removal Withheld Date: Go to #14 | <input type="checkbox"/> Deportation/Removal Withheld Date: Go to #14 | |
| | <input type="checkbox"/> Lawful Permanent Resident Go to #12 | <input type="checkbox"/> Lawful Permanent Resident Go to #12 | |
| | <input type="checkbox"/> Parolee for One Year Go to #14 | <input type="checkbox"/> Parolee for One Year Go to #14 | |
| | <input type="checkbox"/> Refugee Date of entry: Go to #14 | <input type="checkbox"/> Refugee Date of entry: Go to #14 | |
| | <input type="checkbox"/> Unknown/Other Explain in Remarks, then Go to (d) | <input type="checkbox"/> Unknown/Other Explain in Remarks, then Go to (d) | |
| | (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 #13; otherwise Go to #15. | | |
| 12. | If you are lawfully admitted for permanent residence: | | |
| | You | Your Spouse | |
| | (MM/DD/YYYY) | (MM/DD/YYYY) | |
| (a) | Date of Admission | | |
| | (b) Was your entry into the United States sponsored by any person or promoted by an institution or group? | <input type="checkbox"/> YES Go to (c) | <input type="checkbox"/> NO Go to (d) |
| | | <input type="checkbox"/> YES Go to (c) | <input type="checkbox"/> NO Go to (d) |
| | (c) Give the following information about the person, institution, or group, then Go to (d): | | |
| | Name | | |
| | Address | | |
| | Telephone Number | | |

c) If the Applicant answered NO to questions 9-11, complete Applicant's current immigration status in section (c).

12) Enter Applicant's date of admission to the U.S. This information is located on the Lawful Alien Permanent Resident card (also referred to as the LAPR or *Green Card*).

12) LAPR question continued; do your best to answer questions (d) - (f). SSA will develop accordingly.

13) Has the Applicant filed a petition with DHS for battery or cruelty while in the U.S.? If yes, answer question 14).

15) The majority of Applicant's will enter their date of birth here. Immigrants or citizens born abroad will enter the applicable date.

16) Has the Applicant been outside the U.S. in the last 30 days? This may determine the application start date.

| | | | |
|---|---|---|--|
| 12. | (d) What was your immigration status, if any, before adjustment to lawful permanent resident? | You Status: (MM/DD/YYYY) From: To: | Your Spouse, if filing Status: (MM/DD/YYYY) From: To: Go to (e) |
| | (e) If filing as an adult, did your parents ever work in the United States before you were age 18? | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #14 | Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (f) Go to #14 |
| | (f) Name and Social Security Number of parent(s) who worked. | | |
| | Name | Social Security Number | |
| | Name | Social Security Number | |
| 13. | (a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States? | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15 | Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #15 |
| | (b) Have you, your child, or your parent filed a petition with the Department of Homeland Security for a change in immigration status because of being subjected to battery or extreme cruelty? | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #14 Go to #15 | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #14 Go to #15 |
| 14. | Are you, your spouse, or parent an active duty member or a veteran of the armed forces of the United States? | <input type="checkbox"/> YES <input type="checkbox"/> NO Explain in #80(b), then Go to #15 | <input type="checkbox"/> YES <input type="checkbox"/> NO Explain in #80(b), then Go to #15 |
| 15. | (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? | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (c) Go to #18 | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (c) Go to #18 |
| | (c) Give the dates of residence outside the United States. | From: To: (MM/DD/YYYY) | From: To: (MM/DD/YYYY) |
| 16. | (a) Have you been outside the United States (the 50 states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date? | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17 | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #17 |
| | (b) Give the date (MM/DD/YYYY) you left the United States and the date you returned to the United States. | Date Left: Date Returned: | Date Left: Date Returned: |
| <p>IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #17. IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FILING FOR SUPPLEMENTAL SECURITY INCOME AND YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRST MOMENT OF THE FILING DATE MONTH, GO TO #17; OTHERWISE GO TO #18.</p> | | | |

• DCs and individual Applicants go to question 17, couples filing together skip to question 18.

17) SSA is looking at potential leads for other SSI eligibility.

18) Does the Applicant have any unsatisfied felony warrants for their arrest? A warrant may affect SSI eligibility status. SSA will verify the warrant code using our data exchange systems. If not applicable, answer No and skip to question 19.

| | | | |
|---|--|---|--|
| 17. (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? | | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> No Go to #18 |
| (b) Eligible Alien's Name | | Eligible Alien's Social Security Number | |
| | | Go to #18 | |
| 18. (a) Do you have any unsatisfied felony warrants for your arrest? | | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #19 | Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #19 |
| (b) In which State or Country was this warrant issued? | | Name of State/Country Go to (c) | Name of State/Country Go to (c) |
| (c) Was the warrant satisfied? | | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d) Go to #19 | Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d) Go to #19 |
| (d) Date warrant satisfied | | (MM/DD/YYYY) | (MM/DD/YYYY) |

PART 2 - LIVING ARRANGEMENTS - The questions in this section refer to the signature date.

19. Check the block which best describes your present living situation:

| | | |
|---|--------------------|-----------|
| <input type="checkbox"/> Household | Since (MM/DD/YYYY) | Go to #24 |
| <input type="checkbox"/> Non-Institutional Care | Since (MM/DD/YYYY) | Go to #22 |
| <input type="checkbox"/> Institution | Since (MM/DD/YYYY) | Go to #20 |
| <input type="checkbox"/> Transient or homeless | Since (MM/DD/YYYY) | Go to #37 |

INSTITUTION

20. Check the block that identifies the type of institution where you currently reside, then Go to #21:

| | |
|--|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Rest or Retirement Home | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Nursing Home | |

21. Give the following information about the INSTITUTION:

(a) Name of institution:

(b) Date of admission:

(c) Date you expect to be released from this institution: Go to #37

NON-INSTITUTIONAL CARE

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

| | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Group Home | <input type="checkbox"/> Other (Specify) |
|--------------------------------------|-------------------------------------|--|

The living arrangement is another factor used to determine how much SSI the Applicant may get.

19) Enter the Applicant's living arrangement and skip to the indicated section.

20) If the Applicant resides in a institution, select the type of institution they currently reside in and complete section 21).

22) If the Applicant resides in a non-institutional care facility, enter the non-institutional care information.

23. Give the following information about your Noninstitutional Care:

(a) Name of facility where you live: _____

(b) Name of placing agency _____

Address _____

Telephone Number _____

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

YES Go to #37

NO If NO, who pays? _____

Go to #37

23) Enter the Non-Institutional Care information, if applicable.

HOUSEHOLD ARRANGEMENTS

24. Check the block that describes your current residence, then Go to #25:

| | |
|--|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Houseboat |
| <input type="checkbox"/> Room (private home) | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Room (commercial establishment) | |

25. Do you live alone or only with your spouse? YES Go to #27 NO Go to #28

24) Enter the Applicant's household arrangements and proceed accordingly to 25).

26) If the Applicant lives with other people, enter their information. SSA will help locate SSNs if not readily available.

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

| Name | Relationship | Public Assistance | | Sex | | Birthdate mm/dd/yy | Blind or Disabled | | If Under 22 | | | | Social Security Number |
|------|--------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| | | YES | NO | M | F | | YES | NO | Married | | Student | | |
| | | | | | | | | | YES | NO | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #27.

26. (b) Does anyone listed in 26(a) who is under age 18, OR between ages 18-22 and a student, receive income? YES Go to (c) NO Go to #27

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

27. (a) Do you (or does anyone who lives with you) own or rent the place where you live? YES Go to #28 No Go to (b)

(b) Name of person who owns or rents the place where you live

Address

Telephone Number

(c) If you live alone or only with your spouse, and do not own or rent, Go to #37; otherwise, Go to #31.

28. (a) Are you (or your living with spouse) buying or do you own the place where you live? YES Go to (c) No If you are a child living with your parent(s) Go to (b); otherwise Go to #29

(b) Are your parent(s) buying or do they own the place where you live? YES Go to (c) NO Go to #29

(c) What is the amount and frequency of the mortgage payment?

Amount: \$

Frequency of Payment:

Go to (d)

(d) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #37; otherwise Go to #31.

26) Information about other people in the home helps SSA determine if the residence is considered a public assistance (PA) household.

27) SSA will verify rental liability if applicable.

28) Owning a home in which the Applicant resides does not disqualify the applicant for SSI purposes.

d) If the Applicant is a child living only with parents, or only with parents and their other minor children, or living in a PA household, or if the Applicant is living alone or with spouse, go to question 37.

29) The section is on rental liability. Enter Applicant's information, if applicable.

30) Relationship to the landlord is needed to determine in-kind support and maintenance.

31) Understanding details about the Applicant's contributions towards the living expenses will ensure proper SSI cash benefits.

32) Does the Applicant pay for their own food?

33) Does the Applicant pay any money toward the household expenses?

| | | | |
|-----|---|---|---|
| 29. | (a) Do you (or your living with spouse) have rental liability for the place where you live? | <input type="checkbox"/> YES Go to (d) | <input type="checkbox"/> No If you are a child living with your parent(s) Go to (b); otherwise Go to (c) |
| | (b) Does your parent(s) have rental liability? | <input type="checkbox"/> YES Go to (d) | <input type="checkbox"/> NO Go to (c) |
| | (c) Does anyone who lives with you have rental liability for the place where you live? | | |
| | <input type="checkbox"/> YES Give name of person with rental liability: _____ | | Go to #30 |
| | <input type="checkbox"/> NO Give name of person with home ownership: _____ | | Go to #31 |
| | (d) What is the amount and frequency of the rent payment? | | |
| | Amount: \$ _____ | | |
| | Frequency of Payment: _____ | | Go to #30 |
| 30. | (a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse? | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (c) |
| | (b) Name of person related to landlord or landlord's spouse | | |
| | Relationship _____ | | |
| | Name and address of landlord (include telephone number and area code, if known): _____ | | |
| | (c) If you are a child living only with your parents, or only with your parents and their other children who are subject to deeming, or with others in a public assistance household, or living alone or with your spouse, Go to #37. | | |
| 31. | (a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #36) | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #32 |
| | (b) Amount others contribute: \$ _____ | | Go to #32 |
| 32. | (a) Do you eat all your meals out? | <input type="checkbox"/> YES Go to #33 | <input type="checkbox"/> NO Go to (b) |
| | (b) Do you buy all your food separately from other household members: | <input type="checkbox"/> YES Go to #33 | <input type="checkbox"/> NO Go to #33 |
| 33. | Do you contribute to household expenses? | | |
| | <input type="checkbox"/> YES Average Monthly Amount: \$ _____ | | Go to #34 |
| | <input type="checkbox"/> NO | | Go to #34 |
| 34. | (a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses? | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #34(d) |
| | (b) Give the name, address and telephone number of the person with whom you have a loan agreement: _____ | | |
| | (c) Will the amount of this loan cover your share of the household expenses? | <input type="checkbox"/> YES Go to #37 | <input type="checkbox"/> NO Go to (d) |
| | (d) If you contribute toward household expenses and you answered "NO" to both 32(a) & (b), Go To #35. If you answered "YES" to either 32(a) or 32(b), Go to #36. If you do not contribute toward household expenses, go to #37. | | |

In-Kind Income is food, shelter, or both that you get for free or for less than its fair market value.

34) Does the Applicant have a loan agreement to repay the value of their share of household expenses?

35) Does the Applicant contribute both food and funds for shelter?

36) Enter Applicant's average monthly household expenses.

37) If someone who does not live with the Applicant helps to pay for the Applicant's share of expenses, enter it here.

35. (a) Is part or all of the amount in #33 just for food?
 YES Give Amount: \$ _____ Go to (b) NO Go to (b)

(b) Is part or all of the amount in #33 just for shelter?
 YES Give Amount: \$ _____ Go to #36 NO Go to #36

36. What is the average monthly amount of the following household expenses:
 (Show average over the past 12 months unless you have been residing at your present address less than 12 months. If so, show average for the months you have resided at your present address.)

| CASH EXPENSES | AVERAGE MONTHLY AMOUNT |
|--|---------------------------|
| Food (complete only if #32(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 #37 |

37. (a) Does anyone who does NOT LIVE with you pay for, or provide you or your household (if applicable), any of your food or shelter items?
 YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____
 NO **Go to (b)**

(b) Does anyone who does NOT LIVE with you give you, or your household (if applicable), money to pay for any of your or your household's food or shelter items?
 YES Name of Provider (Person or Agency) _____
 List of Items _____
 Monthly Value: \$ _____
 NO **Go to #38**

38. (a) Has the information given in #19-37 been the same since the first moment of the filing date month?
 YES Go to (b) No Explain in Remarks, then Go to (b)

(b) Do you expect any of this information to change?
 YES Explain in Remarks, then Go to #39 No Go to #39

38) We understand things change quickly for our Applicants. Explain changes in remarks (page 21).

PART 3 - RESOURCES - The questions in this section pertain to the first moment of the filing date month.

39) Does the Applicant's name appear on any trusts?

| | | | | | | | | |
|--|---|-------------------------------|---------------------|--|---|--|--|--|
| 39. (a) Do you own or does your name appear, either alone or with other people on any trust? | | | | | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #40 | | Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #40 | |
| (b) If you answered "YES" to (a), give the following information: | | | | | | | | |
| Title of the Trust | Funding type, i.e., self-funded or third party funded alleged | Date established (MM/DD/YYYY) | Total alleged value | Specific assets contained within the trust, i.e., vehicles, homes, bank accounts, etc. | | | | |
| | | | | | | | | |

40) Enter the Applicant's vehicle information. Provide an estimated value. SSA will verify the value.

| | | | | | | | | |
|--|----------------------------------|----------|----------------------|-------------|---|--|---|--|
| 40. (a) Do you own, or does your name appear (alone or with any other person's name) on the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)? | | | | | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #41 | | Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #41 | |
| (b) Owner's Name | Description (Year, Make & Model) | Used For | Current Market Value | Amount Owed | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |

41) Does the Applicant have their name on real property, assets, or property in foreign country? This includes alone, or with any other person's name on titles?

| | | | | | | | | |
|---|--|--|--------------------------------|--------------|---|--|---|--|
| 41. (a) Do you own, or does your name appear (alone or with any other person's name) on any land, houses, buildings, real property, property in foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or heirs, or any other property of any kind that has not been shown anywhere else on the application? | | | | | You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #42 | | Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #42 | |
| (b) Describe the property (including size, address, and how it is used. If the property is not used now, when was it last used? Do you plan to use the property in the future?) | | | | | | | | |
| Item #1 | | | | | | | | |
| Item #2 | | | | | | | | |
| Owner's Name | | | Estimated Current Market Value | Owed on Item | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |
| | | | \$ | \$ | | | | |

- Describe how property is used, as well as names of other owners.

42) Enter the Applicant's resources.

| 42. (a) Do you own, or does your name appear on (either alone or with any other person's name) any of the following items? | You | | Your Spouse | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| Cash at home, with you, or anywhere else | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial Institution Accounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Achieving a Better Life Experience (ABLE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Checking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Credit Union | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Christmas Club | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time Deposits/Certificates of Deposit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual Indian Money Account | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Including IRAs and Keough Accounts) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

| 43. (c) Do you give us permission to obtain any financial records from any financial institution? | You | | Your Spouse, if filing | |
|---|---|--|---|--|
| | <input type="checkbox"/> YES Go to #43 | <input type="checkbox"/> NO Go to #43 | <input type="checkbox"/> YES Go to #43 | <input type="checkbox"/> NO Go to #43 |

| 43. (a) Do you own or does your name appear on any of the following items: | You | | Your Spouse | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| Stocks or Mutual Funds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bonds (Including U.S. Savings Bonds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Promissory Notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other items that can be turned into cash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

43) Does the Applicant have other items that can be turned into cash?

43. (b) If all the items in #43(a) are answered "NO", Go to #44. For any "YES" answer, give the following information:

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

43) Enter the information of the stocks, bonds, mutual funds, etc. that the Applicant owns or shares with others.

44. (a) Do you own or are you buying any life insurance policies?

| | | | | | |
|--|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| | | You | | Your Spouse | |
| | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | Go to (b) | Go to #45 | Go to (b) | Go to #45 |

| (b) Owner's Name | | Name of Insured | Name & Address of Insurance Company | Policy Number | | | |
|------------------|------------|----------------------|-------------------------------------|---------------|----|---------------|----|
| Policy (#1) | | | | | | | |
| Policy (#2) | | | | | | | |
| Policy (#3) | | | | | | | |
| | Face Value | Cash Surrender Value | Date of Purchase | Dividends | | Accumulations | |
| | | | | YES | NO | YES | NO |
| Policy (#1) | | | | | | | |
| Policy (#2) | | | | | | | |
| Policy (#3) | | | | | | | |

(c) Loans Against Policy?

YES Policy Number: _____

Amount: \$ _____

NO Go to #45

45. (a) Have you or your spouse acquired any assets since the first moment of the filing date month?

YES Go to (b) NO Go to (c)

(b) Explain:

44) Does the Applicant own a life insurance policy? If yes, what is the cash surrender value?

45) Has the Applicant acquired any assets since the first moment of the SSI filing date month?

45) Have there been any changes in the value of resources since the first moment of the SSI filing date month?

46) Does the Applicant own life estates or hold items for their value as an investment?

45. (c) Has there been any increase or decrease in the value of you or your spouse's resources since the first moment of the filing date month? YES Go to (d) NO Go to #46

(d) Explain:

46. (a) Do you (either alone or jointly with any other person) own any:

| | You | | Your Spouse | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| Life estates or ownership interest in an unprobated estate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Items acquired or held for their value as an investment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(b) Give the following information for any "Yes" answer in #46(a); otherwise, Go to #47.

| Owner's Name | Name of Item | Value | Amount Owed | Name & Address of Bank or Other Organization |
|--------------|--------------|-------|-------------|--|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

47. (a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any items mentioned in #39, #41-45, and #49.

| | You | | Your Spouse | |
|--|--|--|---|--|
| | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #48 | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #48 |
| (b) DESCRIPTION (Where appropriate, give name & address of organization and account/ policy number.) | Value | When Set Aside (MM/DD/YYYY) | Owner's Name | |
| Item (#1) | \$ | | | |
| Item (#2) | \$ | | | |
| For Whose Burial | Is Item Irrevocable? | Will Interest Earned or Appreciation in Value Remain in the Burial Fund? | | |
| Item (#1) | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES Go to #48 | <input type="checkbox"/> NO Explain in (c) | |
| Item (#2) | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES Go to #48 | <input type="checkbox"/> NO Explain in (c) | |

(c) Explanation

47) Does the Applicant have any assets set aside for burial purposes? Such as burial contracts, trusts, or agreements.

48) Burial related resources: Does the Applicant own any cemetery lots, crypts, urns, headstones, or markers?

49) Has the Applicant sold, transferred title, disposed of or given away any money or property since the first moment of the SSI filing date?

b) What about within the last three years prior to the SSI filing date?

| | | | | | | | | | |
|--|------------------------------|---|------------------------------|---|------------------------------|---|------------------------------|--|-----------------------------|
| 48. (a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers? | | <input type="checkbox"/> YES Go to (b) | | <input type="checkbox"/> NO Go to #49 | | <input type="checkbox"/> YES Go to (b) | | <input type="checkbox"/> NO Go to #49 | |
| (b) Owner's Name | | Description | | For Whose Burial | | Relationship to You or Your Spouse | | Current Market Value | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ Go to #49 | |
| 49. (a) Have you or your spouse sold, transferred title, disposed of or given away, any money or other property, (including money or property in foreign countries), since the first moment of the filing date month or within the 36 months prior to the filing date month? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) | | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) | | | |
| (b) If you co-owned any money or property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property within the 36 months prior to the filing date month? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #50. | | | | | | | | | |
| (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) | | | | | | | | | |
| Sales Price or Other Consideration | | | | Are Other Consideration or Proceeds Expected? Explain. | | Do You Still Own Part of the Property? | | | |
| Item (#1) | | | | | | | | | |
| Item (#2) | | | | | | | | | |
| Item (#3) | | | | | | | | | |
| Sold on Open Market? | | | Given Away? | | | Traded for Goods/ Services? | | | |
| Item (#1) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| Item (#2) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO |
| Item (#3) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NO |

• If the Applicant answered yes to question 49 (a) or (b), complete section (c).

PART 4 - INCOME

50) Enter the Applicant's unearned income information. This includes future benefits the Applicant expects to receive in the next 14 months.

| 50. (a) Since the first moment of the filing date month, have you (or your spouse) received or do you (or your spouse) expect to receive income in the next 14 months from any of the following sources? | You | | Your Spouse | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | YES | NO | YES | NO |
| State or Local Assistance Based on Need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refugee Cash Assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temporary Assistance for Needy Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General Assistance from the Bureau of Indian Affairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disaster Relief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Income Based on Need | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Black Lung | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Railroad Retirement Board Benefits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Office of Personnel Management (Civil Service) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension (Foreign Military, State, Local, Private, Union, Retirement or Disability) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Military Special Pay or Allowance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment Compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workers' Compensation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance or Annuity Payments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dividends/Royalties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rental/Lease Income Not from a Trade or Business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alimony | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Bureau of Indian Affairs Income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gambling/Lottery Winnings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Income or Support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Unearned Income is all income that is not earned directly as wages such as Social Security benefits, pensions, State disability payments, unemployment benefits, interest income, dividends and cash from friends and relatives.

50) If the Applicant answered "yes" to the unearned income question on the previous page, enter the source's information here.

50. (b) Give the following information for any block checked YES in #50(a); otherwise, Go to #51

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

IF YOU EVER RECEIVED SSI BEFORE, GO TO #51; OTHERWISE GO TO #52.

52) Does the Applicant expect to receive any meals or other gifts which are not cash?

51. Are any overpayments being collected from benefits you receive from the Social Security Administration, Railroad Retirement Board, Office of Personnel Management, Veterans' Affairs, Military Pensions, Military Special Pay Allowances, Black Lung, Workers' Compensation, or State Disability or Unemployment Benefits?

| You | | Your Spouse | |
|--|--|--|--|
| <input type="checkbox"/> YES Explain in Remarks, then Go to #52 | <input type="checkbox"/> NO Go to #52 | <input type="checkbox"/> YES Explain in Remarks, then Go to #52 | <input type="checkbox"/> NO Go to #52 |

52. 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?

| You | | Your Spouse | |
|--|--|--|--|
| <input type="checkbox"/> YES Explain in Remarks, then Go to #53 | <input type="checkbox"/> NO Go to #53 | <input type="checkbox"/> YES Explain in Remarks, then Go to #53 | <input type="checkbox"/> NO Go to #53 |

53) Has the Applicant received wages or sick pay since the first moment of the filing date month through the current month?
 b) Enter employer information and telephone number.
 c) Enter date last worked and pay information.
 e) Does the Applicant expect to receive any wages in the next 14 months?

53. (a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?

| You | | Your Spouse | |
|---|--|---|--|
| <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (e) | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (e) |

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

You

Go to (c)

Your Spouse

Go to (c)

(c)

| | Date last worked (MM/DD/YYYY) | Date last paid (MM/DD/YYYY) | Date next paid (MM/DD/YYYY) |
|-------------|-------------------------------|-----------------------------|-----------------------------|
| You | | | |
| Your Spouse | | | |

(d) Total monthly wages received (before any deductions)

| | Your Amount \$ | Your Spouse's Amount \$ |
|--|----------------|-------------------------|
| | | |

(e) Do you (or your spouse) expect to receive any wages in the next 14 months?

| You | | Your Spouse | |
|---|--|---|--|
| <input type="checkbox"/> YES Go to (f) | <input type="checkbox"/> NO Go to #54 | <input type="checkbox"/> YES Go to (f) | <input type="checkbox"/> NO Go to #54 |

51) Has the Applicant received SSI before? If so, are any overpayments being collected from benefits received from the SSA, VA, Military Special Pay Allowances, Worker's Comp, EDD, OPM, Railroad Board, Black Lung benefits?

53) Enter the Applicant's employer information, if different from #53(b). Include telephone number, if known.

g) Enter the Applicant's wage information.

h) Explain any changes in wages that the Applicant expects will happen.

53. (f) Name and address of employer if different from #53(b) (include telephone number, if known)

You

Your Spouse

(g) Give the following information:

| | Rate of Pay | Amount Worked Per Pay Period | How Often Paid | Pay Day or Date Paid | Date Last Paid (MM/DD/YYYY) |
|-------------|-------------|------------------------------|----------------|----------------------|-----------------------------|
| You | | | | | |
| Your Spouse | | | | | |

(h) Do you expect any change in wage information provided in #53(g)

| | You | | Your Spouse | |
|--|---|--|---|--|
| | <input type="checkbox"/> YES Go to (i) | <input type="checkbox"/> NO Go to #54 | <input type="checkbox"/> YES Go to (i) | <input type="checkbox"/> NO Go to #54 |

(i) Explain Change:

You

Your Spouse

54. (a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month occurs or do you expect to be self-employed in the current taxable year?

| | You | | Your Spouse | |
|--|---|--|---|--|
| | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #55 | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to #55 |

(b) Give the following information; then Go to #55

| Date(s) Self-Employed | Type of Business | Last Year's: Gross Income | Last Year's: Net Profit | Last Year's: Net Loss |
|-----------------------|------------------|---------------------------|-------------------------|-----------------------|
| | | \$ | \$ | \$ |
| Date(s) Self-Employed | Type of Business | This Year's: Gross Income | This Year's: Net Profit | This Year's: Net Loss |
| | | \$ | \$ | \$ |

55. If you or your spouse are blind or disabled, do you have any special expenses that you paid which are necessary for you to work?

| | You | | Your Spouse | |
|--|--|--|--|--|
| | <input type="checkbox"/> YES Explain in Remarks, then Go to #58 | <input type="checkbox"/> NO Go to #58 | <input type="checkbox"/> YES Explain in Remarks, then Go to #58 | <input type="checkbox"/> NO Go to #58 |

54) Is the Applicant self-employed?

55) Does the Applicant pay for any special expenses which are necessary for them to work?

56. (a) Does your spouse/parent who lives with you have to pay court-ordered support? YES Go to (b) NO Go to NOTE

(b) Give amount and frequency of court-ordered support payment.
 Amount: \$
 Frequency of Payment: Go to (c)

(c) Give the following information about the person who receives these payments:
 Name:
 Address:

NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #57; OTHERWISE, GO TO #58.

57. (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 regularly during the next 4 months? YES Explain absence in Remarks and Go to (d) NO Go to #58

| (d) Name of School | Name of School Contact | Dates of Attendance | | Course of Study |
|--------------------|------------------------|---------------------------------------|----|-----------------|
| | | From | To | |
| | | Hours Attending or Planning to Attend | | |

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

58. (a) Are you currently receiving SNAP benefits (formerly food stamps)?

| | You | | Your Spouse, if filing | |
|---|---|--|---|--|
| (a) Are you currently receiving SNAP benefits (formerly food stamps)? | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (c) | <input type="checkbox"/> YES Go to (b) | <input type="checkbox"/> NO Go to (c) |
| (b) Have you received a recertification notice within the past 30 days? | <input type="checkbox"/> YES Go to (e) | <input type="checkbox"/> NO Go to #59 | <input type="checkbox"/> YES Go to (e) | <input type="checkbox"/> NO Go to #59 |
| (c) Have you filed for SNAP in the last 60 days? | <input type="checkbox"/> YES Go to (d) | <input type="checkbox"/> NO Go to (e) | <input type="checkbox"/> YES Go to (d) | <input type="checkbox"/> NO Go to (e) |
| (d) Have you received an unfavorable decision? | <input type="checkbox"/> YES Go to (e) | <input type="checkbox"/> NO Go to #59 | <input type="checkbox"/> YES Go to (e) | <input type="checkbox"/> NO Go to #59 |

(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #59.

(f) May I take your SNAP application today?

| | | | | |
|---|---|---|---|---|
| (f) May I take your SNAP application today? | <input type="checkbox"/> YES Go to #59 | <input type="checkbox"/> NO Explain in (g) | <input type="checkbox"/> YES Go to #59 | <input type="checkbox"/> NO Explain in (g) |
|---|---|---|---|---|

(g) Explanation:

56) Does the Child applicant's parent or the Applicant's spouse, who lives with the applicant, have to pay court-ordered support? If yes, enter court-ordered support information in (b) & (c).

57) If the Applicant is a child and employed, or age 18-22, complete (a)-(d).

58) This section examines potential eligibility for Supplemental Nutrition Assistance Program (SNAP), medical assistance and other benefits.

Applications for SNAP benefits are available at any Social Security office. If the Applicant and everyone in their household are applying for or already getting SSI payments, any Social Security office will help fill out the SNAP application and send it to the SNAP office for the applicant.

59) The Applicant may be eligible for Medicaid; however, the applicant must agree to assign their rights to payments for medical support and care to the State Medicaid agency. If the Applicant agrees, complete (a)-(c).

60) This section helps SSA seek potential benefits from the Applicant's previous employers' pension plans.

59. 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).

| | | | | |
|--|--|--|---|--|
| (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? | You <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #80 | | Your Spouse, if filing <input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #80 | |
| (b) Do you, your spouse, parent or stepparent have any private, group, or governmental health insurance that pays the cost of your medical care? (Do not include Medicare or Medicaid.) | <input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c) | | <input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to (c) | |
| (c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month? | <input type="checkbox"/> YES Go to #80 <input type="checkbox"/> NO Go to #80 | | <input type="checkbox"/> YES Go to #80 <input type="checkbox"/> NO Go to #80 | |

60. (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 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Been in military service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worked for the Federal Government | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worked for a State or Local Government | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worked for an employer with a pension plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Belonged to union with a pension plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worked under a Social Security system or pension plan of a country other than the United States? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(c) Explain and include dates for any "Yes" answer given in #14 or #60(a); otherwise Go to #61.

You

Your Spouse, if filing/Your Parent, if filing as a child:

PART 6 - MISCELLANEOUS - (Answer #61 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #62.

| | | |
|--|--------------------------|---|
| 61. (a) Name of Person/Agency Requesting Benefits. | Relationship to Claimant | Your Social Security Number (or EIN) |
| (b) If SSA determines that the claimant needs help managing benefits, do you wish to be selected representative payee? | | <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks) |
| (c) Have you ever served as a representative payee for a Social Security beneficiary or SSI claimant? | | <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #62 |

Social Security's Representative Payment Program provides benefit payment management for our beneficiaries who are incapable of managing their Social Security or Supplemental Security Income (SSI) payments. We appoint a suitable representative payee (payee) who manages the payments on behalf of the beneficiaries.

61) Please enter your organization's information here.

- Enter the EIN for your org, if applicable.
- Do not include the preparer's personal SSN.

PART 8 - IMPORTANT INFORMATION AND SIGNATURES

62. **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.

63. 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.

| | |
|---|--|
| Your Signature (First name, middle initial, last name) (Sign in ink.) | Date (MM/DD/YYYY) |
| | Telephone Number(s) where we can contact you during the day: |
| Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.) | |

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

| | |
|--|--|
| <input type="checkbox"/> Standard notice First Class | <input type="checkbox"/> Standard & Braille notices by First-Class |
| <input type="checkbox"/> Standard notice First-Class with a follow-up phone call | <input type="checkbox"/> Standard & large print notices |
| <input type="checkbox"/> Standard notice & data CD by First-Class | <input type="checkbox"/> Standard notice & audio CD |
| <input type="checkbox"/> Standard notice Certified | |

65. **WITNESS**

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

1. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

62) Reporting changes to SSA is the Applicant's responsibility.

- Failure to report any changes within 10 days after the end of the month in which the change occurs could result in a penalty decision.
- SSA asks for permission to obtain financial institution and records.



63) The Applicant must certify under penalty of perjury, that information on this form is true and correct.

- The Applicant must sign, date, and provide a phone number.



64) If the Applicant is blind or visually impaired, check the type of mail they want to receive from SSA.



65) If the Applicant signed with an X, please have two witnesses sign and enter their address in this section.



RECEIPT FOR YOUR CLAIM FOR SUPPLEMENTAL SECURITY INCOME

| | | |
|------|------------------------|------|
| Name | Social Security Number | Date |
| Name | Social Security Number | Date |

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

For general information about Social Security, visit our website at www.socialsecurity.gov on the Internet.

We will process your application for Supplemental Security Income as quickly as possible. If you have trouble getting any information or records we have asked for, please contact us and we will help you.

You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed. If you do not get a check or notice of determination within that time, please get in touch with us.

**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 us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on a claim for Supplemental Security Income (SSI) or could result in the loss of benefits.

We will use the information to determine SSI eligibility and to calculate SSI payment amounts. We may also share your information for the following purposes, called routine uses:

- To third party contacts, where necessary, to establish or verify information provided by representative payees or payee applicants; 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 System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784, and 60-0103, entitled SSI 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 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 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. 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.**

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 spouse 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
- By mail at the address shown above.

Give the Applicant the receipt for their claim for SSI. The Applicant should hear from SSA within 30 days of submitting their application.

The receipt includes information on reporting responsibilities and how to report changes to SSA.

CHANGES TO REPORT

- WHERE YOU LIVE - You must report to Social Security if:**
- You move.
 - You leave the United States for 30 consecutive days.
 - You (or your spouse) leave your household for a calendar month or longer. (For example, you enter a hospital or visit a relative.)
 - You are no longer a legal resident of the United States
 - 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.
-
- HOW YOU LIVE - You must report to Social Security:**
- If anyone moves into or out of your household.
 - Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You begin living with someone as a married couple.
 - If the amount of money you pay toward household expenses changes.
 - Births and deaths of any people with whom you live.
 - Your spouse or former spouse dies.
-
- INCOME - You must report to Social Security if you, your spouse/your parent(s):**
- Start to receive money (or checks or any other type of payment) from someone or someplace.
 - Start work or stop work.
 - Have a change in the amount of money you receive.
 - Earn more or less money. (**Keep all paystubs and provide them to SSA when requested.**)
 - Begin to receive child support payments or those payments go up or down.
 - Become eligible for benefits other than SSI.
 - Win money from gambling or a lottery.
-
- HELP YOU GET FROM OTHERS - You must report to Social Security if:**
- The amount of help (money or food, or payment of household expenses) you receive goes up or down.
 - Someone stops helping you.
 - Someone starts helping you.
-
- THINGS OF VALUE THAT YOU OWN - You must report to Social Security if:**
- The value of things that you own goes over \$2000 when you add them all together (\$3000 if you are married and live with your spouse).
 - You sell or give any thing of value away.
 - You buy or are given anything of value.
-
- YOU ARE BLIND OR DISABLED - You must report to Social Security if:**
- Your condition improves or your doctor says you can return to work.
 - You go to work.
-
- IF YOU ARE THE PARENT, STEPPARENT, OR REPRESENTATIVE PAYEE FOR A CHILD UNDER 18 - A report to Social Security must be made if:**
- There is a change in any income the child, his or her parent(s), stepparent, or brother(s) or sister(s) receive.
 - There is a change in the student status of the child's brother(s) or sister(s).
 - There is a change in his or her parents' or stepparents' marriage, a change in value of anything they own, or a change in their residence.
-
- YOU ARE UNMARRIED AND UNDER AGE 22 - A report to Social Security must be made if:**
- You start or stop school
 - You get married or divorced
 - You start or stop working
-
- YOUR IMMIGRATION STATUS CHANGES**
You must report any changes to Social Security.
-
- YOU ARE SELECTED AS A REPRESENTATIVE PAYEE - You must report to Social Security if:**
- The person for whom you receive SSI checks has any changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
 - You will no longer be able or no longer wish to act as that person's representative payee.
-
- FELONY OR ARREST WARRANT - You must report to Social Security if you have a felony or arrest warrant for:**
- Escape from custody
 - Flight to avoid prosecution or confinement, or Flight-Escape

The Applicant can report changes to SSA:

- online at www.socialsecurity.gov,
- or by calling their local field office or the toll free number at 1-800-772-1213.
- If deaf or hearing-impaired, call TTY 1-800-325-0778.
- The Applicant can mail the information to their local Social Security office.

People who receive benefits and need to change their address or direct deposit, can conveniently do so by creating a my Social Security account.

We encourage Applicant's to create their personal social security account at www.socialsecurity.gov/myaccount.