_	CIAL SECURITY ADMINISTRATION			·	Form Approved OMB No. 0960-0229	
Α	PPLICATION FOR SUPPLE	MENTAL SECURITY	INCOME (SSI)		Write in This Space DATE STAMP	
Ν	Note: Social Security Administratio SSI will fill out this form for		people apply for			
	am/We are applying for	• •	•			
	come and any federall [,] pplementation under]			Filing Date (mon	th, day, γear)	
	ecurity Act, for benefit					
	Iministered by the Soc	Receipt	Protective			
	nd where applicable, fo	-				
	tle XIX of the Social S			FS-SSA/A	PP FS-REFERRED	
		Preferred Langu	-			
				Written:	Spoken:	
TY	PE OF CLAIM Individu	ual Individual with Ineligible Spou		Child	Child with Parents	
ΡΑ	RT IBASIC ELIGIBILITY	Answer the question the filing date month		ning with the	e first moment of	
1.	(a) First Name, Middle Initial, L	Social Secu ar)	irity Number			
			-1-			
		Fema				
	(b) Did you ever use any other name) or any other Social Secu	_	YES Go to	o (c)	NO Go to (d)	
	(c) Other Name(s)		Other Social Se	curity Number(s) used	
					U	
	(d) If you are also filing for Soc	al Security Benefits, go		complete the to	llowing:	
	Mother's Maiden Name:		Father's Name:		Go to #2	
2.	Applicant's Mailing Address (N	umber & Street, Apt. No	. P.O. Box, Rural I	Route)		
	City and State		ZIP Code		County	
	-				,	
3.	Claimant's Residence Address	(If different from applica	nt's mailing addre	ss)		
	City and State		ZIP Code		County	
4.	DIRECT	DEPOSIT PAYMENT AD	DRESS (FINANCIA	L INSTITUTION)	
	Routing Transit Number	Account Number				
			Checking Enroll in Direct Expres			
			Savings	Direc	ct Deposit Refused	
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5.	(a) Are you married?		T YES	Go to (b)		IO Go to #6			
	(b) Date of marriage:	(month, day, year)							
	(c) Spouse's Name (First	, middle initial, last)	Birthdate Social Security Number (month, day, year)						
	(d) Did your spouse ever (including maiden name)	use any other names or Social Security Numbers?	, YES Go to (e) NO Go to (f)						
	(e) Other Name(s)		Other Socia	al Security Numl	per(s) Used				
	(f) Are you and your spo	use living together?	YES Go to #6 NO Go to (g)						
	(g) Date you began living								
	(h) Address of spouse of blind or disabled.)	r name of someone who knows	s where spou	ise is. (Complet	e only if spou	ise is age 65,			
6.	(a) Have you had any ot	_	T YES	You NO	Your Spo	ouse, if filing			
	If never married, check t (b) Give the following in	لبل formation about your former sp	Go to (b) oouse. If the	Go to #7	Go to (b)	Go to #7			
	show the remaining info	rmation in Remarks and go to a YOU	<i>4</i> 4.	Y	OUR SPOUS				
	FORMER SPOUSE'S NAME (including maiden name)								
	BIRTHDATE (month, day, year)								
	SOCIAL SECURITY NUMBER								
	NOMBER								
	DATE OF MARRIAGE (month, day, year)								
	DATE OF MARRIAGE								
	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED								
7.	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED (month, day, year) HOW MARRIAGE ENDED	self, go to (a); if you are filing f	for a child, go						
7.	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED (month, day, year) HOW MARRIAGE ENDED		Go to (b)	You NO Go to #8	☐ YES Go to (b)	r Spouse NO Go to #7			
7.	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED (month, day, year) HOW MARRIAGE ENDED If you are filing for yours (a) Are you unable to wo	ork because of illnesses,	Go to (b)	You NO	☐ YES Go to (b)	NO NO			
7.	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED (month, day, year) HOW MARRIAGE ENDED If you are filing for yours (a) Are you unable to we injuries or conditions? (b) Enter the date you be	ork because of illnesses,	Go to (b)	You NO Go to #8	☐ YES Go to (b)	NO Go to #7			
7.	DATE OF MARRIAGE (month, day, year) DATE MARRIAGE ENDED (month, day, year) HOW MARRIAGE ENDED If you are filing for yours (a) Are you unable to we injuries or conditions? (b) Enter the date you be	ork because of illnesses, ecame unable to work.	Go to (b)	You NO Go to #8 h, day, year)	☐ YES Go to (b)	NO Go to #7			

7.		were unable to work because of illr ent who is age 62 or older, unable							
	YES	Parent's Name:							
		Social Security Number:							
		Address:							
	□ NO							Go to #8	
	(e) When c	lid the child become disabled?		(month, day, year))				
	(f) What a	re the child's disabling illnesses, in	urios or or	anditions?				Go to (f)	
	Conditions	he child have a parent(s) who is ag , or deceased? Parent's Name: Social Security Number: Address:							
								Go to #8	
8.	Birthplac	e City		State		Country (if other than the U.S.)			
	You								
	Your Spou if filing							Go to #9	
9.	Are you a	United States citizen by birth?		Yc ☐ YES Go to #15	DU NO Go to #	10	Your Spo YES Go to #15	use, if filing NO Go to #10	
10.	Are you a	naturalized United States citizen?		☐ YES Go to #15	☐ NO Go to #	11 C	YES Go to #15	☐ NO Go to #11	
11.	(a) Are yo United Sta	u an American Indian born outside [.] ates?	the	☐ YES Go to (b)	D NO Go to (c)	YES Go to (b)	☐ NO Go to (c)	
	(b) Check	the block that shows your America	n Indian s	tatus.					
		You			Your S	Spouse	e, if filing		
		can Indian born in Canada G	Go to #15	American	Indian bo	orn in	Canada	Go to #15	
	Membo	er of a Federally recognized Indian ⁻	Tribe;		of a Feder	rally re	cognized In	dian Tribe;	
			Go to #15	Name of ⁻				Go to #15	
		American Indian n in Remarks, then Go to (c)		Other Am Explain in			Go to (c)		

You			Your Spou	se, if	filing	
Amerasian Immigrant	Go to #12	Amerasia	n Immigrant			Go to #12
Lawful Permanent Resident	Go to #12	Lawful P	ermanent Resi	dent		Go to #12
Refugee Date of entry:	Go to #14	Refugee Date of e	ntry:			Go to #14
Asylee Date status granted:	Go to #14	Asylee Date stat	us granted:			Go to #14
Conditional Entrant Date status granted:	Go to #14		nal Entrant tus granted:			Go to #14
Parolee for One Year	Go to #14	Parolee f	or One Year			Go to #14
Cuban/Haitian Entrant	Go to #14	Cuban/H	aitian Entrant			Go to #14
Deportation/Removal Withheld Date:	Go to #14		ion/Removal V	Vithhe	ld	Go to #14
Other Explain in Remarks, then Go to (d)		Other Explain i	n Remarks, th	en Go	to (d)	
lawfully admitted permanent resident aligned of the second						
(a) Date of Admission			ou day, year)			r Spouse h, day, year)
(b) Was your entry into the United States by any person or promoted by an institut		Go to (c)	D NO Go to (d)	Go to	YES c (c)	Go to (d)
(c) Give the following information about t	the person, ins	titution, or gro	up, then Go to	c (d):		
Name		Address			Teleph	one Number
				()	-
(d) What was your immigration status, if adjustment to lawful permanent resident		Y Status:	ou	Y Statu	-	ouse, if filing
		(month, From:	day, year)	From		day, year)
			day, year)	From To:		
(e) If filing as an adult, did your parents the United States before you were age 1		From:	day, year) DNO Go to #14	To:	: YES	
(e) If filing as an adult, did your parents (8?	From: To: Go to (f)		To:	: YES	Go to (e)
(e) If filing as an adult, did your parents the United States before you were age 1	8?	From: To: Go to (f)	☐ NO Go to #14	To:	: YES	Go to (e)
 (e) If filing as an adult, did your parents of the United States before you were age 1 (f) Name and Social Security Number of 	8?	From: To: Go to (f) worked.	O NO Go to #14	To:	: YES	Go to (e)

Ť

13.		YC YC	ou	Your Spou	se, it tiling
15.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the	☐YES		☐ YES	
	United States?	Go to (b)	Go to #15	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				□ NO
	subjected to battery or extreme cruelty?	Go to #14	Go to #15	Go to #14	Go to #15
14.	Are you, your spouse, or parent an active duty	T YES	□ NO	□ ^{YES}	□ NO
	member or a veteran of the armed forces of the United States?	Explain in #60(b), then Go to #15	Go to #15	Explain in #60(b), then Go to #15	Go to #15
15.	(a) When did you first make your home in the United States?	(month, da	ay, year)	(month, da	ay, year)
	(b) Have you lived outside of the United States since then?	YES	NO NO	YES	NO NO
		Go to (c) (month, da	Go to #16	Go to (c) (month, da	Go to #16
	(c) Give the dates of residence outside the United	From:	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	From:	,, ,,
	States.	To:		To:	
16.	(a) Have you been outside the United States (the 50	T YES	NO	YES	
	states, District of Columbia and Northern Mariana Islands) 30 consecutive days prior to the filing date?	Go to (b)	 Go to #17	Go to (b)	 Go to #17
	(b) Give the date (month, day, year) you left the	Date Left:		Date Left:	
	United States and the date you returned to the				
	United States.	Date Returned	:	Date Returned	:
	IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO IF YOU ARE MARRIED AND YOUR SPOUSE IS NOT FIL YOU LIVED TOGETHER AT ANY TIME SINCE THE FIRS	ING FOR SUPPI			ME AND
47	#17; OTHERWISE GO TO #18.	I WOWENT OF	THE FILING	DATE MONTH,	GO TO
17.	#17; OTHERWISE GO TO #18.(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	YES Go 1			GO TO Go to #18
17.	(a) Is your spouse/parent the sponsor of an alien who		to (b)	No	
17.	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?	YES Go 1	to (b)	No	
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for 	YES Go t Eligible Alien's You	to (b) Social Secur	ity Number	Go to #18 Go to #18 se, if filing
	(a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income?(b) Eligible Alien's Name	☐ YES Go t Eligible Alien's You ☐ YES	to (b) Social Secur	│ No ity Number │ Your Spous │ YES	Go to #18 Go to #18 se, if filing NO
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? 	☐ YES Go t Eligible Alien's You ☐ YES Go to (b)	to (b) Social Secur NO Go to #19	│ No ity Number Your Spous │ YES Go to (b)	Go to #18 Go to #18 Se, if filing NO Go to #19
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for 	☐ YES Go t Eligible Alien's You ☐ YES	to (b) Social Secur NO Go to #19	│ No ity Number │ Your Spous │ YES	Go to #18 Go to #18 Se, if filing NO Go to #19
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? (b) In which state or country was this warrant issued? 	☐ YES Go t Eligible Alien's You ☐ YES Go to (b)	to (b) Social Secur NO Go to #19	│ No ity Number Your Spous │ YES Go to (b)	Go to #18 Go to #18 Se, if filing NO Go to #19 te/Country
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? 	☐ YES Go t Eligible Alien's You ☐ YES Go to (b)	to (b) Social Secur D NO Go to #19 Ite/Country	│ No ity Number Your Spous │ YES Go to (b)	Go to #18 Go to #18 Se, if filing NO Go to #19
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? (b) In which state or country was this warrant issued? (c) Was the warrant satisfied? 	☐ YES Go t Eligible Alien's YES Go to (b) Name of Sta Go to (d)	to (b) Social Secur NO Go to #19 Ite/Country Go to (c) NO Go to #19	│ No ity Number │ YES Go to (b) Name of Sta │ YES Go to (d)	Go to #18 Go to #18 Se, if filing NO Go to #19 te/Country Go to (c) NO Go to #19
	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? (b) In which state or country was this warrant issued? 	☐ YES Go t Eligible Alien's YES Go to (b) Name of Sta	to (b) Social Secur NO Go to #19 Ite/Country Go to (c) NO Go to #19	│ No ity Number │ YES Go to (b) Name of Sta	Go to #18 Go to #18 Se, if filing NO Go to #19 te/Country Go to (c) NO Go to #19
18.	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? (b) In which state or country was this warrant issued? (c) Was the warrant satisfied? (d) Date warrant satisfied 	☐ YES Go t Eligible Alien's YES Go to (b) Name of Sta Go to (d)	to (b) Social Secur NO Go to #19 Ite/Country Go to (c) NO Go to #19 Ay, year)	│ No ity Number │ YES Go to (b) Name of Sta │ YES Go to (d)	Go to #18 Go to #18 se, if filing NO Go to #19 te/Country Go to (c) NO Go to #19 y, year)
18.	 (a) Is your spouse/parent the sponsor of an alien who is eligible for supplemental security income? (b) Eligible Alien's Name (a) Do you have any unsatisfied felony warrants for your arrest? (b) In which state or country was this warrant issued? (c) Was the warrant satisfied? 	☐ YES Go t Eligible Alien's Yes Go to (b) Name of Sta ☐ YES Go to (d) (month, da	to (b) Social Secur NO Go to #19 Ite/Country Go to (c) NO Go to #19 Ay, year)	│ No ity Number │ YES Go to (b) Name of Sta │ YES Go to (d) (month, da	Go to #18 Go to #18 se, if filing NO Go to #19 te/Country Go to (c) NO Go to #19 y, year)

19.	(b) In which state or country was the warrant issued?	Name of St	ate/Country	Name of State/Country		
			Go to (c)		Go to (c)	
	(c) Was the warrant satisfied?	YES	NO	YES	NO	
		Go to (d)	Go to #20	Go to (d)	Go to #20	
	(d) Date warrant satisfied	(month	, day, year)	(month, day, year)		

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

20.	Check	the block which best describes your present liv	ing situation:	
		Household	Since (month, day, year)	
				Go to #25
		Non-Institutional Care	Since (month, day, year)	
			Since (month, day, year)	Go to #23
		Institution		Go to #21
		Transient or homeless	Since (month, day, year)	
				Go to #38
		INSTITU	JTION	
21.	Check	the block that identifies the type of institution v	where you currently reside, then Go to #22:	
		School	Rehabilitation Center	
		Hospital	Jail	
		Rest or Retirement Home	Other (Specify)	
		Nursing Home		
22.	Give t	he following information about the INSTITUTION	:	
	(a) Nar	ne of institution:		
	(b) Dat	e of admission:		
	(c) Dat	e you expect to be released from this institution		
				Go to #38
		NON-INSTITUT		

23.	Check the block that best describes your current residence, then Go to #24:						
	Foster Home	Group Home	Other (Specify)				
24.	24. Give the following information about your Noninstitutional Care:						
	(a) Name of facility where you live:						

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24.	(b) Name of pla	lacing agency Address						Telephone Number							
												()		-
	(c) Does this ag	gency pay for y	our ro	om an	d bo	bard	?					Į			
	YES Go	to #38	NO If	NO, v	vho	pays	s?								Go to #38
				HOU	SEH	IOLD) ARF	ANGE	MENT	S					0010 #00
25.	Check the bloc	k that describe	s your	currer	nt re	side	nce,	then G	o to #	[#] 26:					
	House								Mot	oile Ho	ome				
	Apartme	ent							Hou	seboa	at				
	🔲 Room (p	private home)							Oth	er (Sp	ecify)				
	Room (c	commercial esta	ablishr	nent)											
26.	Do you live alo	ne or only with	n your	spouse	spouse? YES Go to a						o to #	28 NO Go to #27			
27.	7. (a) Give the following information about everyone who lives with you:														
				blic stance			Birt	hdate		id or abled		lf Unc ried	der 22	2 dent	Social Security
	Name	Relationship	YES		M	∋x F			YES		YES		YES		Number

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #28.

27.	(b) Does anyone listed in 27(a) who between ages 18-22 and a student,		R	T YES	Go Go	to (c)	D NO Go to #28		
	(c) Child Receiving Income	S	ource	e and Type			Monthly Amount		
							\$		
							\$		
							\$		
							\$		
							\$		
							\$		
28.	(a) Do you (or does anyone who live or rent the place where you live?	s with you) own		YES Go	o to #29		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 you	ur spouse, and do n	ot ov	vn or rent, Go	o to #38;	othe	erwise, Go to #32.		
29.	(a) Are you (or your living with spou you own the place where you live?	se) buying or do		YES Go to (c)		wit	No you are a child living th your parent(s) Go to ; otherwise Go to #30		
	(b) Are your parent(s) buying or do t where you live?	hey own the place	[YES Go	o to (c)		NO Go to #30		
	(c) What is the amount and frequenc	cy of the mortgage	paym	nent?					
	Amount: \$		Frequ	ency of Payn	nent:		Go to (
	(d) If you are a child living only with subject to deeming, or with others in to #38; otherwise Go to #32.								
30.	(a) Do you (or your living with spous liability for the place where you live			YES Go to	(d)	lf v	IO f you are a child living vith your parent(s) Go t b); otherwise Go to (c)		
	(b) Does your parent(s) have rental l	iability?		YES Go to	(d)		D Go to (c)		
-	00 A 0000 BK (04 0040)		~						

30.	(c) Does anyone who lives with you have rental liability	for the p	lace v	where you live	?		
	YES Give name of person with rental liability:						Go to #31
	☐ NO Give name of person with home ownership:						Go to #32
	(d) What is the amount and frequency of the rent payme	ent?					
	Amount: \$	Frequen	cy of	Payment:			
		1					Go to #31
31.	(a) Are you (or anyone who lives with you) the parent or child of the landlord or the landlord's spouse?		YES	Go to (b)		NO	Go to (c)
	(b) Name of person related to landlord Relationship or landlord's spouse			dress of landloi rea code, if kn		de te	lephone
	(c) If you are a child living only with your parents, or on subject to deeming, or with others in a public assistance Go to #38.		-				
32.	(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #37)		YES	Go to (b)		NO	Go to #33
	(b) Amount others contribute: \$						Go to #33
33.	(a) Do you eat all your meals out?		YES	Go to #34		NO	Go to (b)
	(b) Do you buy all your food separately from other household members:		YES	Go to #34		NO	Go to #34
34.	Do you contribute to household expenses?	-					
	YES Average Monthly Amount: \$		Go	to #35			
	NO Go to #35						
35.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?			Go to (b)		NO	Go to #35(d)
	(b) Give the name, address and telephone number of the	e person	with	whom you hav	e a loan	agre	ement :
	(c) Will the amount of this loan cover your share of the household expenses?		YES	Go to #38		NO	Go to (d)
	(d) If you contribute toward household expenses and y you answered "YES" to either 33(a) or 33(b), Go to #3 If you do not contribute toward household expenses	7.		"NO" to both 3	33(a) &	(b), G	o To #36. If
36.	(a) Is part or all of the amount in #34 just for food?						
	YES Give Amount: \$			Go to (b)		NO	Go to (b)
	(b) Is part or all of the amount in #34 just for shelter?						
	YES Give Amount: \$			Go to #37		NO	Go to #37
	Da						

37. 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 MO	ONTHLY AMOUNT
Food (complete only if #33(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 #38
 NO (b) Does anyone who does NOT LIVE with you give you any of your or your household's food or shelter items? ☐ YES Name of Provider (Person or Agency) 	ı, or your household (if appli	Go to (b) cable), money to pay for
List of Items		
Monthly Value: \$		
□ NO		Go to #39
a) (a) Has the information given in #20-38 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 #40	NO Go to #40
ART III - RESOURCES - The questions in this sec ate month.	l ction pertain to the first	moment of the filing
0. (a) Do you own, or does your name appear (alone or	You	Your Spouse

١	vehicles (auto, truck, motorcycle, camper, boat, etc.)?	Go to (b)	Go to #41	Go to (b)	Go to #41
Ň	with any other person's name) on the title of any	YES	□ NO		□ ^{NO}

40.	(b) O	wner's Name	(Y	Description ear, Make & Model)		U	sed For		Current Market Value		Amount Owed	
								\$		\$		
								\$		\$		
								\$		\$		
								\$		\$		
41.	(a) Do you own or are you buying a policies?		ng ar	ny life insurance		You			Your Spo		_	
						YES NO						
					Go t		Go to #42	Go to	(b)	Go to	9 #42	
	(b) Owner's Name			Name of Insured	b		e & Address of ance Company		Policy	Numbe	er	
	Policy (#1)											
	Policy (#2)											
	Policy (#3)											
										Acc	cumu-	
									Dividends		tions	
		Face Value		Cash Surrender Va	alue	ue Date of Purchase		YE	S NO	YES	NO	
	Policy (#1)	\$		\$								
	Policy (#2)	\$		\$								
	Policy (#3)	\$		\$								
	(c) Loans Against Policy? YES Policy Nu			nber:					-	Γ] NO	
	Amount: \$									Go	to #42	
42.	· (a) Do you (either alone or jointly with any other					Y	ou		Your S			
	person) own any:			·	`	YES	NO	Y	ES	N	0	
	Life estates or ownership interes estate?			t in an unprobated								
	Items acquired or held for their investment?		neir v	alue as an				[]	
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Owner's Name	Name of Item	Value	Amount Ov	vod	Give M	mo 8. Add	ess of Bank	
Owner's Name	Name of item	Value	Amount Ov	ved		other Organ		
		\$	\$					
		\$	\$					
		\$	\$					
		\$	\$					
(a) Do you own, or alone or with any o			You		Į	Υοι	ır Spouse	
following items?		any of the	YES	YES		YES	NO	
Cash at home, wit	h you, or anywhere	e else						
Financial Institution	n Accounts							
Checking								
Savings								
Credit Unio	n							
Christmas (Club							
Time Depos	sits/Certificates of I	Deposit						
Individual Ir	ndian Money Accou	int						
Other (Including IR	As and Keough Ac	counts)						
(b) If all the items in information:			#44. For any	/ "YI	ES" answer	, give the fo	ollowing	
Owner's/Trustee's Name	Name of Item	Value	Name & A		ess of Bank ganization	or Other	ldentifyir Number	
		\$						
		\$						
		\$						

	permission to obta	in any financial		You	Your Sp	Spouse, if filing	
records from any fir	nancial institution?		☐ YES	NO NO	☐ YES		
			Go to (b)	Go to (b)	Go to (b)	Go to (I	
(b) Do you own or	does your name a	ppear on any of	<u>ا</u>	/ou	Your Spouse		
the following items	:		YES	NO	YES	NO	
Stocks or Mutual F	unds						
Bonds (Including U	.S. Savings Bonds))					
Promissory Notes							
Trusts							
Other items that ca	an be turned into c	ash					
information:		ered "NO", Go to	,		-		
	Name of Item	Value		ddress of Ban Organization	-		
information: Owner's/Trustee's				Address of Ban	-		
information: Owner's/Trustee's		Value		Address of Ban	-		
information: Owner's/Trustee's		Value \$		Address of Ban	-		
information: Owner's/Trustee's		Value \$ \$		Address of Ban	-	ldentifyir Numbe	
information: Owner's/Trustee's	Name of Item	Value \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name & A	Address of Ban	k or Other		

assets set aside for emergencies or heirs, or any other property of any kind that has not been shown anywhere else on the application	Go to (b)	Go to #46	Go to (b)	Go to #46
(b) Describe the property (including size, location, and h was it last used? Do you plan to use the property in the		If the propert	y is not used	now, when

Item #1

ltem #2

45.	Owner's	Name	Estimated Current Market Value	Tax Asses	ssed Value	Mo	rtgage	Ov	ved on Item	
			\$	\$		\$		\$		
			\$	\$		\$		\$		
			\$	\$		\$		\$		
			pouse acquired any as filing date month?	sets since	T YE	S Go to	(b)		Go to (c)	
	(b) Explain:									
	value of you moment of [.]	ı or your s	y increase or decrease pouse's resources sinc late month?		YES Go to (d)				Go to #47	
	(d) Explain:									
			pouse sold, transferre			You		You	r Spouse	
	property, (in countries), s	cluding m since the fi	way, any money or ot oney or property in for irst moment of the filir 6 months prior to the f	eign ng date	☐ YES	res 🗌 NO		YES	□ №	
	month?					Go	to (b)		Go to (b)	
	another pers transfer, or	son(s), did give away	ny money or property v you or any co-owner any co-owned money months prior to the fi	sell, or				YES	□ №	
	IF YOU ANS	SWERED "	YES" TO (a) OR (b), G	O TO (c). I	F "NO" TO	BOTH, GO	D TO #48			
	(c)	OWNER'S	S/CO-OWNERS NAME	DESCRIP	FION OF PRO	PERTY	C	DATE OF DI	SPOSAL	
	ITEM #1									
	ITEM #2									
	ITEM #3									
	NAME AND ADDRESS OR REL PURCHASER OR RECIPIENT								of property and/or Unt of cash gift	
ITEM #1 \$										

47.	ITEM #2												\$				
	ITEM #3												\$				
			SALES PRICE O		OTHER							ERATION OR D? EXPLAIN.	DC) Y	ou still ow Proper		
	ITEM #1																
	ITEM #2																
	ITEM #3																
		S	OLD ON OPEN	IM	ARKET	?		G	VE	EN AW	/A)	Y?	TR	AD	ED FOR GOO	DS	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
	expenses su	 Do you have any assets set aside for b xpenses such as burial contracts, trusts, r anything else you intend for your burial 			ts, ag	gree		,		ΥE	You S N	10		Your	Sp	NO	
			s mentioned i							Go to	5 (I	b) Goto	o #4	9	Go to (b)		 Go to #49
	, (b) DESCRIPTION (Where appropriate, g name & address of organization and acc policy number.)							OWNER'S NAME									
	Item 1							\$									
	Item 2							\$									
	FOI	R MF	IOSE BURIAL			IS IT	ΈN	1 IRREV	/0	CABL	E?				EARNED OR A		PRECIATION RIAL FUND?
	ltem 1						Y	ES		NO		│ YES	Go	to	#49		NO
								I		4						E,	(plain in (c)
	Item 1						Y	ES		NO			5				NO
										1		Go to #49				E.	plain in (c)
	(c) EXPLAN	ΑΤΙΟ	N									0010 #43	5			L/	

49.	(a) Do you own any ce	metery lots, crypts, ca		You		Your Spo	ouse	
	vaults, urns, mausoleur	ms, or other repositori		YES	NO NO	Υ	′ES	NO
	burial or any headstone	es or markers?		Go to (b)	Go to #50	Got	to (b)	Go to #50
	(b) Owner's Name	Description	For Who	l se Burial	Relationship to or Your Spou		Current N	larket Value
							\$	
							\$	
							\$	Go to #50

PART IV -- INCOME

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	You		Your Spouse	
	months from any of the following sources?	YES	NO	YES	NO
	State or Local Assistance Based on Need				
	Refugee Cash Assistance				
	Temporary Assistance for Needy Families				
	General Assistance from the Bureau of Indian Affairs				
	Disaster Relief				
	Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)				
	Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)				
	Other Income Based on Need				
	Social Security				
	Black Lung				
	Railroad Retirement Board Benefits				
	Office of Personnel Management (Civil Service)				
	Pension (Foreign Military, State, Local, Private, Union, Retirement or Disability)				
	Military Special Pay or Allowance				
	Unemployment Compensation				

50.	Workers' Co	ompensation										
	State Disabi	ility										
	Insurance of	r Annuity Payme	nts									
	Dividends/R	oyalties										
	Rental/Leas	e Income Not fro	m a Trade or Bu	usiness								
	Alimony											
	Child Suppo	ort										
	Other Burea	u of Indian Affai	rs Income									
	Gambling/Lo	ottery Winnings										
	Other Incom	ne or Support										<u> </u>
	(b) Give the following information for any block checked YES in #50(a); otherwi							wise,	Go to	#51		<u> </u>
	Person Receiving Income	Type of Income	Amount Received	Freque Payn		Date Expected Ad		Addr Bank	ess o , Orga	(Name, f Person anization ipany)		ntifying umber
			\$									
			\$									
			\$									
	IF YOU EVER R	ECEIVED SSI BE	FORE, GO TO #	51; OT⊦	IERWI							
51.		yments being co m the Social Sec				Yo					Spous	
	Railroad Retirer	ment Board, Offic /eterans' Affairs,	ce of Personnel		1-	YES				YES		NO
	Military Special	Pay Allowances or State Disabili	, Black Lung, W	/orkers'	Explai Rema then (#52	rks,	Go to	#52	Expla Rema then #52		Go	to #52
52.	 Since the first moment of the filing date month, have you received or do you expect to receive any meals o other gifts which are not cash? 				Expla	rks, then	Go to		Expl Rema	YES lain in arks, the o #53	Go t	NO to #53
53.	., , .	or your spouse) re irst moment of th	-		Υ	ΈS	N(C		YES		NO
	through the cu		5		Go to	o (b)	Go to	(e)	Go t	to (b)	Got	to (e)
		ddress of Emplo	yer (include tele	ephone n			a code,	if kno	wn)			
	You				Tour	Spouse						
			G	Go to (c)							(Go to (c)

53.	(c)		e last worked ith, day, year)	(n		ast paid day, year)		Date next paid (month, day, year)			
	You										
	You Spou										
	(d) Total deductio		eceived (before any		Your \$	Amount	1	Your Spot \$	use's Amount		
		ou (or your spous the next 14 mor	e) expect to receive anths?	any	You ☐ YES ☐ NO Go to (f) Go to #			Yo YES Go to (f)	ur Spouse		
	(f) Name	and address of e	mployer if different f	from #53(
	You				Your	Spouse					
	(g) Give	the following info	ormation:								
		RATE OF PAY	AMOUN	r worked Y period	•	HOW OFTEN PAID	PAY DAY OR DATE PAID		DATE LAST PAID (month, day, year)		
	You \$										
	Your Spouse										
		ou expect any cha in #53(g)	ange in wage informa	ation	Go to	You ES IN o (i) Go to		Yo ☐ YES Go to (i)	ur Spouse		
	(i) Explai	n Change:									
	You				Your	Spouse					
54.	beginnin month o	(a) Have you been self-employed beginning of the taxable year in month occurs or do you expect the current taxable year?		in which the filing date		You ES IN (b) Go to		Yo Go to (b)	our Spouse NO Go to #55		
	(b) Give	the following info	ormation; then Go to	#55	<u>.</u>			<u>.</u>			
	_	Type of Business		Gr	st Year's: oss Income	Net F	Year's: Profit	Last Year's: Net Loss č			
	Date(s) Self-Employed Type of Business					is Year's: oss Income	\$ This Net F \$	Year's: Profit	\$ This Year's: Net Loss \$		

55.	If you or your spouse are blind or disabled, do you		You	Your S	Spouse			
	have any special expenses that you paid which are	YES	NO NO	YES	NO NO			
	necessary for you to work?	Explain in	Go to #56	Explain in	Go to #56			
		Remarks;		Remarks;				
		then Go to		then Go to #56				
		#56		#50				
56.	(a) Does your spouse/parent who lives with you have							
	to pay court-ordered support?	YES Go	o to (b)	NO Go	to NOTE			
	.,							
		Amount:		Frequency:				
	(b) Give amount and frequency of court-ordered	\$						
	support payment.							
					Go to (c)			
		Name:		Address:				
	(c) Give the following information about the person who receives these payments:							
	who receives these payments.							
	NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE		OR AGE 18 - 22					
	OR NOT), GO TO #57; OTHERWISE, GO TO #58.			_ (
57.	(a) Have you attended school regularly since the filing	YES Go	o to (d)	NO Go	to (b)			
	date month?							
	(b) Have you been out of school for more than 4	YES Go) to (c)	NO Go	to (c)			
	calendar months?							
	(c) Do you plan to attend school regularly during the	YES Ex	kplain absence	NO Go	to #58			
	next 4 months?	in Remarks and Go to (d)						
	(d) Name of School Name of School Cor	ntact	Dates of Attenda	ance Cours	e of Study			
			From To					
	Phone Number		Hours Attending	g or				
			Planning to Atte	end				
	RT V - POTENTIAL ELIGIBILITY FOR FOOD STA	AMPS/MED	ICAL ASSIS	IANCE/OIF	IER			
BEI	IEFITS - If a California resident, Skip to #59							
- 0			You	Your Spou	se, if filing			
58.	(a) Are you currently receiving food stamps?	YES	NO NO	YES				
		Go to (b)	Go to (c)	Go to (b)	Go to (c)			
	(b) Have you received a recertification notice within the		NO NO	YES				
	past 30 days?	Go to (e)	Go to #59	Go to (e)	Go to #59			
	(c) Have you filed for food stamps in the last 60 days?	T YES	□ NO	T YES				
		Go to (d)	Go to (e)	Go to (d)	Go to (e)			
					. ,			
	(d) Have you received an unfavorable decision?	T YES		YES	NO NO			
		Go to (e)	Go to #59	Go to (e)	Go to #59			
			(f), - (1)	0- t- #50				
	(e) If everyone in the household receives or is applying f	or 551, Go to	(T); otherwise	GO TO #59.				
	(f) May I take your food stamp application today?	YES	🗌 NO	YES				
		Go to #59	Explain in (g)	Go to #59	Explain in (g)			

(g) Explanation:

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

	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 YES NO Go to (b) Go to #60				, if filing]NO o to #60		
	(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 ☐ NO Go to (c) Go to (c)		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 #6	50 Go	NO to #60	☐YES Go to #		NO NO #60	
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			our e/Parent	I Filed for Kend		
		Yes	No	Yes	No	Yes	No	
	Worked for a railroad							
	Been in military service							
	Worked for the Federal Government							
	Worked for a State or Local Government							
	Worked for an employer with a pension plan							
	Belonged to union with a pension plan							
	Worked under a Social Security system or pension plan of a country other than the United States?							
	(c) Explain and include dates for any "Yes" answer giver							
	You:	Your Sp	oouse, if f	iling/Your	Parent, i	f filing as	a child:	

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

(a) Name of Person/Agency Requesting Benefits.	Relationship to Claimant			Your Social Security Number (or EIN)	
(b) If SSA determines that the claimant need managing benefits, do you wish to be select representative payee?	-	T YES		NO (Explain in Remarks)	

PART VII -- REMARKS--(You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

PART VIII -- IMPORTANT INFORMATION AND SIGNATURES

PAF	T VIII IMPORTANT INFORMATION AND SIG	INAIURE	5			
62.	IMPORTANT INFORMATIONPLEASE READ CAREFULL	Y				
	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 an that is held by the institution. We will ask financial is needed to decide if you are eligible or if you continue permission to contact financial institutions remains in spouse notify us in writing that you are canceling yo final decision, (3) your eligibility for SSI terminates, or resources to be available to you. If you or your spou eligible for SSI and we may deny your claim or stop	nstitutions e to be eligit n effect unti ur permissio or (4) we no use do not g	for this information whenever we think it is ole for SSI benefits. Once authorized, our il one of the following occurs: (1) you or your on, (2) your application for SSI is denied in a o longer consider your spouse's income and give or cancel your permission you may not be			
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 or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.					
	Your Signature (First name, middle initial, last name) (Si	gn in ink.)	Date (month, day, year)			
	SIGN HERE		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.) SIGN HERE					
	If you are blind or visually impaired, check the type of n ☐ Standard notice First Class ☐ Standard notice First-Class with a ☐ Standard notice Certified ☐ Standard & Braille notices by First-C	follow-up pho	one call 🔲 Standard notice & data CD by First-Class			
65.	WIT	NESS				
	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. Signatur	e of Witness			
	Address (Number and Street, City, State, and ZIP Code)	Address (Nu	mber and Street, City, State, and ZIP Code)			
Form	а SSA-8000-ВК (01-2012) Ра	ge 21				

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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 Sec	curity Office you may visit or	mail your request to:	
() –				

For general information about Social Security, visit our website at <u>www.socialsecurity.gov</u> 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/ Paperwork Reduction Act Statement Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. We will use this information to help us determine your entitlement to benefits. Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim, which may result in the loss of payments. We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State and local level; and,
- 4. To facilitate statistical research and audit activities necessary to assure the integrity and improvement of Social Security programs.

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

A complete use of routine uses for this information is available in System of Records Notices 60-0089, Claims Folder System and 60-0050, Completed Determination-Continuing Disability Determinations. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at <u>www.socialsecurity.gov</u> or any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 40 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.

REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income (SSI) check is based on the information told to us. You must tell Social Security every time there is a change-while we process your application AND if you start receiving SSI.

Remember, a change may make the SSI monthly payment bigger or smaller. Report changes in income of your ineligible husband/wife or child who lives with you or your sponsor or sponsor's spouse, if you are an alien. You must also report changes in the things of value that these people own. You must also report changes in income, school attendance and marital status of ineligible children who live with you.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks.

You may make your reports:

HOW TO REPORT

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

CHANGES TO REPORT					
WHERE YOU LIVEYou must report to Social Security	/ if:				
• 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,	1				
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. If the amount of money you pay toward household 	Your marital status changes: Your set married connected diverged on your				
expenses changes.	You get married, separated, divorced, or your marriage is annulled.				
• Births and deaths of any people with whom you live	You begin living with someone as husband and				
 Your spouse or former spouse dies. 	wife.				
INCOME-You must report to Social Security if you, you					
• Start to receive money (or checks or any other type	Start work or stop work.				
of payment) from someone or someplace.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 	 Become eligible for benefits other than SSI. 				
payments go up or down.					
 Win money from gambling or a lottery. 					
HELP YOU GET FROM OTHERS -You must report to S	ocial Security if:				
• The amount of help (money or food, or payment of	 Someone stops helping you. 				
household expenses) you receive goes up or down.	 Someone starts helping you. 				
THINGS OF VALUE THAT YOU OWN -You must report	t to Social Security if:				
• The value of things that you own goes over \$2000	• You sell or give any thing of value away.				
when you add them all together (\$3000 if you are married and live with your spouse).	 You buy or are given anything of value. 				
YOU ARE BLIND OR DISABLED-You must report to So	cial Security if:				
 Your condition improves or your doctor says you can return to work. 	You go to work.				
Social Security must be made if:	ENTATIVE PAYEE FOR A CHILD UNDER 18 - A report to				
	• There is a change in his or her parents' or step parents' marriage, a				
 There is a change in any income the child, his or her parent(s), st parent, or brother(s) or sister(s) receive. 	change in the value of anything they own, or a change in their				
 There is a change in the student status of the child's brother(s) of 	residence.				
sister(s).	7				
YOU ARE UNMARRIED AND UNDER AGE 22 - A report	t to Social Security must be made if:				
You start or stop school You get married of the second s					
YOUR IMMIGRATION STATUS CHANGES-					
• You must report any changes to Social Security.					
YOU ARE SELECTED AS A REPRESENTATIVE PAYEE					
 The person for whom you receive SSI checks has any changes listed above. (You may be held liable 	 You will no longer be able or no longer wish to act as that person's representative payee. 				
if you do not report changes that could affect the					
SSI recipient's payment amount, and he/she is					
overpaid.)					
IF A WARRANT HAS BEEN ISSUED FOR YOUR ARRES	• •				
Your warrant is for a crime or an attempted crime that is a felony (or, in jurisdictions that do not define	Your warrant is for a violation of probation or parely under Endersel or State law				
crimes as felonies, a crime that is punishable by dea					
or imprisonment for a term exceeding 1 year); or					