

**APPLICATION FOR SUPPLEMENTAL SECURITY INCOME (SSI)**

Do Not Write in This Space  
DATE STAMP

Note: Social Security Administration staff or others who help people apply for SSI will fill out this form for you.

**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.**

Filing Date (Month, Day, Year)

Receipt  Protective

FS-SSA/APP  FS-REFERRED

Preferred Language  
Written: Spoken:

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

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

1.	(a) First Name, Middle Initial, Last Name  Sherry L. Clark	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birthdate (month, day, year) 7-15-64	Social Security Number 234-56-7890
	(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 checked="" 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:			
	Mother's Maiden Name:	Father's Name:	Go to #2	
2.	(a) Are you married?	<input checked="" type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #3		
	(b) Date of marriage: (month, day, year) 7-26-91			
	(c) Spouse's Name (First, middle initial, last) Paul A. Clark	Birthdate (month, day, year) 4-31-61	Social Security Number 234-56-7891	
	(d) Did your spouse ever use any other names (including maiden name) or Social Security Numbers?		<input type="checkbox"/> YES Go to (e) <input checked="" type="checkbox"/> NO Go to (f)	
	(e) Other Name(s)		Other Social Security Number(s) Used	
	(f) Are you and your spouse living together?		<input checked="" type="checkbox"/> YES Go to #3 <input type="checkbox"/> NO Go to (g)	
	(g) Date you began living apart : (month, day, year)			

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

3. (a) Have you had any other marriages?  
 If never married, check this box

<input checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #4
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(b) Give the following information about your former spouse. If there was more than one former marriage, show the remaining information in Remarks and go to #4.

	YOU	YOUR SPOUSE
FORMER SPOUSE'S NAME (including maiden name)	Mike Glenn	
BIRTHDATE (month, day, year)	5-16-60	
SOCIAL SECURITY NUMBER	unknown	
DATE OF MARRIAGE (month, day, year)	12-20-87	
DATE MARRIAGE ENDED (month, day, year)	3-18-89	
HOW MARRIAGE ENDED	Divorce	

4. 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 checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #5
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(b) Enter the date you became unable to work.

(month, day, year)	(month, day, year)
	6/1/95

(c) What are your illnesses, injuries or conditions?

You	Your Spouse
arthritis, high blood pressure, nervous Go to (d)	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?

YES Parent's Name: N/A  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

NO Go to #5

(month, day, year)

(e) When did the child become disabled? Go to (f)

(f) What are the child's disabling illnesses, injuries or conditions?

Go to (g)

4. (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?

YES Parent's Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

NO Go to #5

5.	Birthplace	City	State	Country (if other than the U.S.)
	You			
	Your Spouse, if filing			

Go to #6

6.	Are you a United States citizen by birth?	<input checked="" type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #7	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #7
7.	Are you a naturalized United States citizen?	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #8	<input type="checkbox"/> YES Go to #12	<input type="checkbox"/> NO Go to #8
8.	(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)	<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 #12	<input type="checkbox"/> American Indian born in Canada	Go to #12
<input type="checkbox"/> Member of a Federally recognized Indian Tribe;		<input type="checkbox"/> Member of a Federally recognized Indian Tribe;	
Name of Tribe	Go to #12	Name of Tribe	Go to #12
<input type="checkbox"/> Other American Indian		<input type="checkbox"/> Other American Indian	
Explain in Remarks, then Go to (c)		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 #9	<input type="checkbox"/> Amerasian Immigrant	Go to #9
<input type="checkbox"/> Lawful Permanent Resident	Go to #9	<input type="checkbox"/> Lawful Permanent Resident	Go to #9
<input type="checkbox"/> Refugee		<input type="checkbox"/> Refugee	
Date of entry:	Go to #11	Date of entry:	Go to #11
<input type="checkbox"/> Asylee		<input type="checkbox"/> Asylee	
Date status granted:	Go to #11	Date status granted:	Go to #11
<input type="checkbox"/> Conditional Entrant		<input type="checkbox"/> Conditional Entrant	
Date status granted:	Go to #11	Date status granted:	Go to #11
<input type="checkbox"/> Parolee for One Year	Go to #11	<input type="checkbox"/> Parolee for One Year	Go to #11
<input type="checkbox"/> Cuban/Haitian Entrant	Go to #11	<input type="checkbox"/> Cuban/Haitian Entrant	Go to #11
<input type="checkbox"/> Deportation/Removal Withheld		<input type="checkbox"/> Deportation/Removal Withheld	
Date:	Go to #11	Date:	Go to #11
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Explain in Remarks, then Go to (d)		Explain in Remarks, then Go to (d)	

8.	<b>(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 #10; otherwise Go to #12.</b>		
9.	If you are lawfully admitted for permanent residence:		
	(a) Date of Admission	<b>You</b> (month, day, year)	<b>Your Spouse</b> (month, day, year)
	(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
			(   ) -
	(d) What was your immigration status, if any, before adjustment to lawful permanent resident?	<b>You</b> Status:	<b>Your Spouse, if filing</b> Status:
		(month, day, year) From:	(month, day, year) From:
		To:	To:      Go to (e)
	(e) If filing as an adult, did your parents ever work in the United States before you were age 18?	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11	<input type="checkbox"/> YES Go to (f) <input type="checkbox"/> NO Go to #11
	(f) Name and Social Security Number of parent(s) who worked.		
	Name	Social Security Number	
	Name	Social Security Number	
10.	(a) Have you, your child or your parent, been subjected to battery or extreme cruelty while in the United States?	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #12
	(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 Go to #11 <input type="checkbox"/> NO Go to #12	<input type="checkbox"/> YES Go to #11 <input type="checkbox"/> NO Go to #12
11.	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      Go to #12 #57(b), then Go to #12	<input type="checkbox"/> YES <input type="checkbox"/> NO Explain in      Go to #12 #57(b), then Go to #12
12.	(a) When did you first make your home in the United States?	(month, day, year) 7-15-64	(month, day, year)
	(b) Have you lived outside of the United States since then?	<input type="checkbox"/> YES Go to (c) <input checked="" type="checkbox"/> NO Go to #13	<input type="checkbox"/> YES Go to (c) <input type="checkbox"/> NO Go to #13
	(c) Give the dates of residence outside the United States.	(month, day, year) From: To:	(month, day, year) From: To:
13.	(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 Go to (b) <input checked="" type="checkbox"/> NO Go to #14	<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #14

13.	(b) Give the date (month, day, year) you left the United States and the date you returned to the United States.	Date Left:  Date Returned:	Date Left:  Date Returned:
<p><b>IF YOU ARE FILING ON BEHALF OF YOUR CHILD, GO TO #14.</b>  <b>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 #14; OTHERWISE GO TO #15.</b></p>			
14.	(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 checked="" type="checkbox"/> No Go to #15
	(b) Eligible Alien's Name	Eligible Alien's Social Security Number  Go To #15	
15.	(a) Do you have any unsatisfied felony warrants for your arrest?	<input type="checkbox"/> YES Go to (b)	<b>You</b> <input checked="" type="checkbox"/> NO Go to #16
		<b>Your Spouse, if filing</b> <input type="checkbox"/> YES Go to (b)	
	(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?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #16
	(d) Date warrant satisfied	month, date, year	month, date, year
16.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	<input type="checkbox"/> YES Go to (b)	<b>You</b> <input checked="" type="checkbox"/> NO Go to #17
		<b>Your Spouse, if filing</b> <input type="checkbox"/> YES Go to (b)	
	(b) In which state or country was the warrant issued?	Name of State/Country  Go to (c)	Name of State/Country  Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to #17
	(d) Date warrant satisfied	month, day, year	month, day, year

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

17.	Check the block which best describes your present living situation:		
<input checked="" type="checkbox"/>	Household	Since (month, day, year) 9/1/01	Go to #22
<input type="checkbox"/>	Non-Institutional Care	Since (month, day, year)	Go to #20
<input type="checkbox"/>	Institution	Since (month, day, year)	Go to #18
<input type="checkbox"/>	Transient	Since (month, day, year)	Go to #35

**INSTITUTION**

18. Check the block that identifies the type of institution where you currently reside, then Go to #19:

<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	

19. 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 #35

**NON-INSTITUTIONAL CARE**

20. Check the block that best describes your current residence, then Go to #21:

<input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home	<input type="checkbox"/> Other (Specify)
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21. 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 #35     NO If NO, who pays? \_\_\_\_\_

Go to #35

**HOUSEHOLD ARRANGEMENTS**

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

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

23. Do you live alone or only with your spouse?

YES Go to #25     NO Go to #24

24. (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	

If anyone listed is under age 22 and not married, Go to (b); otherwise, Go to #25.

(b) Does anyone listed in 24(a) who is under age 18, OR between ages 18-22 and a student, receive income?

YES Go to (c)

NO Go to #25

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

25. (a) Do you (or does anyone who lives with you) own or rent the place where you live?

YES Go to #26

No Go to (b)

25.	(b) Name of person who owns or rents the place where you live	Address	Telephone Number
	Donald Kemp	114 Temple Street Los Angeles	( 310 ) 555-4444
(c) If you live alone or only with your spouse, and do not own or rent, Go to #35; otherwise, Go to #29.			
26.	(a) Are you (or your living with spouse) buying or do you own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> No If you are a child living with your parent(s) Go to (b); otherwise Go to #27
	(b) Are your parent(s) buying or do they own the place where you live?	<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to #27
(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 #35; otherwise Go to #29.			
27.	(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
	(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 #28			
<input type="checkbox"/> NO Give name of person with home ownership: _____ Go to #29			
(d) What is the amount and frequency of the rent payment?			
Amount: \$ _____ Frequency of Payment: _____ Go to #28			
28.	(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 #35.			
29.	(a) Does anyone living with you contribute to the household expenses? (NOTE: See list of household expenses in #34)		<input type="checkbox"/> YES Go to (b) <input type="checkbox"/> NO Go to #30
	(b) Amount others contribute: \$ _____ Go to #30		



30.	(a) Do you eat all your meals out?	<input type="checkbox"/> YES Go to #31	<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 #31	<input type="checkbox"/> NO Go to #31

31. Do you contribute to household expenses?

YES Average Monthly Amount: \$ \_\_\_\_\_ Go to #32

NO Go to #32

32.	(a) Do you have a loan agreement with anyone to repay the value of your share of the household expenses?	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #32(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 #35	<input type="checkbox"/> NO Go to (d)
	(d) If you contribute toward household expenses and you answered "NO" to both 30(a) & (b), Go To #33. If you answered "YES" to either 30(a) or 30(b), Go to #34. If you do not contribute toward household expenses, go to #35.		

33. (a) Is part or all of the amount in #31 just for food?

YES Give Amount: \$ \_\_\_\_\_ Go to (b)  NO Go to (b)

(b) Is part or all of the amount in #31 just for shelter?

YES Give Amount: \$ \_\_\_\_\_ Go to #34  NO Go to #34

34. What is the average monthly amount of the following 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 #30(a) & (b) are answered NO)	\$ _____
Mortgage or Rent	\$ _____
Property Insurance (if required by mortgage lender)	\$ _____
Real Property Taxes	\$ _____
Electricity	\$ _____
Heating Fuel	\$ _____
Gas	\$ _____
Sewer	\$ _____
Garbage Removal	\$ _____
Water	\$ _____
TOTAL	\$ _____

Go to #35

35. (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) John Ford

List of Items food

Monthly Value: \$ 200.00

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) Betty Clark

List of Items electricity

Monthly Value: \$ 100.00

NO Go to #36

36. (a) Has the information given in #17-35 been the same since the first moment of the filing date month?

YES Go to (b)  NO Explain in Remarks, then Go to (b)

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(b) Do you expect any of this information to change?

YES Explain in Remarks, then Go to #37  NO Go to #37

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

37. (a) Do you own or does your name appear on, either alone or with other people, the title of any vehicles (auto, truck, motorcycle, camper, boat, etc.)?

YES Go to (b)  NO Go to #38

YES Go to (b)  NO Go to #38

(b) Owner's Name	Description (Year, Make & Model)	Used For	Current Market Value	Amount Owed
Paul Clark	1987 Ford	personal	\$ 400	\$ 0
			\$	\$
			\$	\$
			\$	\$

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

YES Go to (b)  NO Go to #39

YES Go to (b)  NO Go to #39

38.	(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  NO  
 Policy Number: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Go to #39

39.	(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?		✓		✓
Items acquired or held for their value as an investment?		✓		✓	

(b) Give the following information for any "Yes" answer in #39(a); otherwise, Go to #40.

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

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

(b) If all the items in #40(a) are answered "NO", Go to #41. For any "YES" answer, give the following information:

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

41.	(a) Do you give us permission to obtain any financial records from any financial institution?	<b>You</b>		<b>Your Spouse, if filing</b>		
		<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)	<input type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to (b)	
	(b) Do you own or does your name appear on any of the following items:	<b>You</b>		<b>Your Spouse</b>		
		YES	NO	YES	NO	
		-Stocks or Mutual Funds		✓		✓
		-Bonds (Including U.S. Savings Bonds)		✓		✓
		-Promissory Notes		✓		✓
		-Trusts		✓		✓
		-Other items that can be turned into cash		✓		✓

41. (c) If all the items in #41(b) are answered "NO", Go to #42. For any "YES" answer, give the following information:

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

42. (a) Do you have any land, houses, buildings, real property, property in a foreign country, equipment, mineral rights, items in a safe deposit box, assets set aside for emergencies or for your heirs, or any other property of any kind that has not been shown anywhere else on the application?

**You**  
 YES Go to (b)  
 NO Go to #43

**Your Spouse, if filing**  
 YES Go to (b)  
 NO Go to #43

(b) Describe the property (including size, location, and how it is used. If not used now, when was it last used and what is next planned use.)

Item #1

Item #2

Owner's Name	Estimated Current Market Value	Tax Assessed Value	Mortgage	Owed on Item
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

43. (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:

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(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 #44

(d) Explain:

44. (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?

	You	Your Spouse
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Go to (b)	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?

	You	Your Spouse
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**IF YOU ANSWERED "YES" TO (a) OR (b), GO TO (c). IF "NO" TO BOTH, GO TO #45.**

(c)	OWNER'S/CO-OWNERS NAME	DESCRIPTION OF PROPERTY	DATE OF DISPOSAL
ITEM #1			
ITEM #2			
ITEM #3			
	NAME AND ADDRESS OR 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
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
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

45.	(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 #38 and #40-44.	<b>You</b>		<b>Your Spouse, if filing</b>	
		<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #46	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #46

(b) DESCRIPTION (Where appropriate, give name & address of organization and account/policy number.)	VALUE	WHEN SET ASIDE (month, day, year)	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 #46 Go to #46	<input type="checkbox"/> NO Explain in (c)
Item 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES Go to #46	<input type="checkbox"/> NO Explain in (c)

(c) EXPLANATION

46.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums, or other repositories for burial or any headstones or markers?	<b>You</b>		<b>Your Spouse, if filing</b>	
		<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #47	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #47

(b) Owner's Name	Description	For Whose Burial	Relationship to You or Your Spouse	Current Market Value
				\$
				\$
				\$

Go to #47

**PART IV -- INCOME**

47.	(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		✓		✓
	Refugee Cash Assistance		✓		✓
	Temporary Assistance for Needy Families		✓		✓
	General Assistance from the Bureau of Indian Affairs		✓		✓
	Disaster Relief		✓		✓
	Veteran Benefits Based on Need (Paid Directly or Indirectly as a Dependent)		✓		✓
	Veteran Payments Not Based on Need (Paid Directly or Indirectly as a Dependent)		✓		✓
	Other Income Based on Need		✓		✓
	Social Security		✓		✓
	Black Lung		✓		✓
	Railroad Retirement Board Benefits		✓		✓
	Office of Personnel Management (Civil Service)		✓		✓
	Pension (Military, State, Local, Private, Union, Retirement or Disability)		✓		✓
	Military Special Pay or Allowance		✓		✓
	Unemployment Compensation		✓		✓
	Workers' Compensation		✓		✓
	State Disability		✓		✓
	Insurance or Annuity Payments		✓		✓
	Dividends/Royalties		✓		✓
	Rental/Lease Income Not from a Trade or Business		✓		✓
	Alimony		✓		✓
	Child Support		✓		✓
	Other Bureau of Indian Affairs Income		✓		✓
	Gambling/Lottery Winnings		✓		✓
	Other Income or Support		✓		✓



47. (b) Give the following information for any block checked YES in #47(a); otherwise, Go to #48

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

IF YOU EVER RECEIVED SSI BEFORE, GO TO #48; OTHERWISE GO TO #49

48. 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?	<b>You</b>		<b>Your Spouse, if filing</b>	
	<input type="checkbox"/> YES Explain in Remarks, then Go to #49	<input checked="" type="checkbox"/> NO Go to #49	<input type="checkbox"/> YES Explain in Remarks, then Go to #49	<input checked="" type="checkbox"/> NO Go to #49

49. 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?	<b>You</b>		<b>Your Spouse, if filing</b>	
	<input type="checkbox"/> YES Explain in Remarks, then Go to #50	<input checked="" type="checkbox"/> NO Go to #50	<input type="checkbox"/> YES Explain in Remarks, then Go to #50	<input checked="" type="checkbox"/> NO Go to #50

50. (a) Have you (or your spouse) received wages or sick pay since the first moment of the filing date month through the current month?	<b>You</b>		<b>Your Spouse, if filing</b>	
	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to (e)

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

<b>You</b>	<b>Your Spouse</b>
Go to (c)	Go to (c)

(c)	Date last worked (month, day, year)	Date last paid (month, day, year)	Date next paid (month, day, year)
<b>You</b>			
<b>Your Spouse</b>			

(d) Total monthly wages received (before any deductions)	<b>Your Amount</b>	<b>Your Spouse's Amount</b>
	\$	\$

(e) Do you (or your spouse) expect to receive any wages in the next 14 months?	<b>You</b>		<b>Your Spouse, if filing</b>	
	<input type="checkbox"/> YES Go to (f)	<input checked="" type="checkbox"/> NO Go to #51	<input type="checkbox"/> YES Go to (f)	<input checked="" type="checkbox"/> NO Go to #51

(f) Name and address of employer if different from #50(b) (include telephone number, if known)

<b>You</b>	<b>Your Spouse</b>
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50. (g) Give the following information:

RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (month, day, year)
You	\$				
Your Spouse	\$				

(h) Do you expect any change in wage information provided in #50(g)

<input type="checkbox"/> YES Go to (i)	<input type="checkbox"/> NO Go to #51	<input type="checkbox"/> YES Go to (i)	<input type="checkbox"/> NO Go to #51
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(i) Explain Change:

You	Your Spouse
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51. (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?

<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #52	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to #52
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(b) Give the following information; then Go to #52

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 \$

52. 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?

<input type="checkbox"/> YES Explain in Remarks; then Go to #53	<input checked="" type="checkbox"/> NO Go to #53	<input type="checkbox"/> YES Explain in Remarks; then Go to #53	<input checked="" type="checkbox"/> NO Go to #53
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53. (a) Does your spouse/parent who lives with you have to pay court-ordered support?

<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to NOTE
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(b) Give amount and frequency of court-ordered support payment.

Amount: \$	Frequency:
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Go to (c)

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

Name:	Address:
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**NOTE: IF YOU ARE FILING AS A CHILD AND YOU ARE EMPLOYED OR AGE 18 - 22 (WHETHER EMPLOYED OR NOT), GO TO #54; OTHERWISE, GO TO #55.**

54. (a) Have you attended school regularly since the filing date month?		<input type="checkbox"/> YES Go to (d)	<input type="checkbox"/> NO Go to (b)
(b) Have you been out of school for more than 4 calendar months?		<input type="checkbox"/> YES Go to (c)	<input type="checkbox"/> NO Go to (c)
(c) Do you plan to attend school regularly during the next 4 months?		<input type="checkbox"/> YES Explain absence in Remarks and Go to (d)	<input type="checkbox"/> NO Go to #55
Name of School	Name of School Contact	Dates of Attendance From   To	Course of Study
	Phone Number	Hours Attending or Planning to Attend	

**PART V - POTENTIAL ELIGIBILITY FOR FOOD STAMPS/MEDICAL ASSISTANCE/OTHER BENEFITS - If a California resident, Skip to #56**

55.	(a) Are you currently receiving food stamps?	<input type="checkbox"/> YES Go to (b)	<input checked="" type="checkbox"/> NO Go to (c)	<input type="checkbox"/> YES Go to (b)	<input checked="" 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 checked="" type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input checked="" type="checkbox"/> NO Go to #56
	(c) Have you filed for food stamps in the last 60 days?	<input type="checkbox"/> YES Go to (d)	<input checked="" type="checkbox"/> NO Go to (e)	<input type="checkbox"/> YES Go to (d)	<input checked="" type="checkbox"/> NO Go to (e)
	(d) Have you received an unfavorable decision?	<input type="checkbox"/> YES Go to (e)	<input checked="" type="checkbox"/> NO Go to #56	<input type="checkbox"/> YES Go to (e)	<input checked="" type="checkbox"/> NO Go to #56
	(e) If everyone in the household receives or is applying for SSI, Go to (f); otherwise Go to #56.				
	(f) May I take your food stamp application today?	<input checked="" type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)	<input checked="" type="checkbox"/> YES Go to #56	<input type="checkbox"/> NO Explain in (g)
(g) Explanation:					

56. 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?	<b>You</b>		<b>Your Spouse, if filing</b>		
	<input checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57	<input checked="" type="checkbox"/> YES Go to (b)	<input type="checkbox"/> NO Go to #57	
	(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.)		(c) Do you have any unpaid medical expenses for the 3 months prior to the filing date month?		
<input type="checkbox"/> YES Go to (c)	<input checked="" type="checkbox"/> NO Go to (c)	<input checked="" type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57	<input checked="" type="checkbox"/> YES Go to #57	<input type="checkbox"/> NO Go to #57

57. (a) Have you ever worked under the U.S. Social Security System?	<input type="checkbox"/> YES Go to (b)		<input checked="" type="checkbox"/> NO Go to (b)			
(b) Have you, your spouse, or a former spouse (or parent if you are filing as a child) ever:	<b>You</b>		<b>Your Spouse/Parent</b>		<b>Filed for Benefits</b>	
	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 given in #11 or #57(a); otherwise Go to #58.						
<b>You:</b>	<b>Your Spouse, if filing/Your Parent, if filing as a child:</b>					

**PART VI -- MISCELLANEOUS -- (Answer #58 ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE: OTHERWISE GO TO #59.)**

58. (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)

**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.)**

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**PART VIII -- IMPORTANT INFORMATION AND SIGNATURES**

**59. IMPORTANT INFORMATION--PLEASE READ CAREFULLY**

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
- ▶ We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you or your spouse notify us in writing that you are canceling your permission, (2) your application for SSI is denied in a final decision, (3) your eligibility for SSI terminates, or (4) we no longer consider your spouse's income and resources to be available to you. If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

**60. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives false 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) (Sign in ink.)	Date (month, day, year) <b>7-19-2011</b>
<b>SIGN HERE</b> ▶ <i>Sherry L. Clark</i>	Telephone Number(s) where we can contact you during the day: <b>(213) 555.6666</b>

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

**SIGN HERE** ▶

**61. Applicant's Mailing Address (Number & Street, Apt. No. P.O. Box, Rural Route)**

*100 West 95th Street*

City and State <i>Los Angeles, CA</i>	ZIP Code <i>90055</i>	County <i>LA</i>
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**62. Claimant's Residence Address (If different from applicant's mailing address)**

City and State	ZIP Code	County
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**63. FOR OFFICIAL USE ONLY DIRECT DEPOSIT PAYMENT ADDRESS (FINANCIAL INSTITUTION)**

<b>FOR OFFICIAL USE ONLY</b>	Routing Transit Number	C/S Number	Depositor Account	<input type="checkbox"/> No Account
				<input type="checkbox"/> Direct Deposit Refused

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

- Certified       Regular       Regular with a Follow-up phone call

**65. WITNESS**

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

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