

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Social Security Administration]  
[Office Address]  
[City, State, ZIP Code]  
Subject: Disability Claim Application

Dear [Recipient Name],

I am writing to formally submit my claim for Social Security Disability benefits. My details are as follows:

- Name: [Your Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your DOB]

Due to [briefly describe your medical condition or disability], I am unable to work and support myself. [Include any relevant medical information, treatment history, and how your condition affects your daily life and ability to work.]

I have attached all relevant documents, including [list any medical records, treatment summaries, and other supporting documents you are including].

Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]