

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

Social Security Administration

[Office Address or P.O. Box]
[City, State, ZIP Code]

Subject: Application for Social Security Disability Insurance (SSDI)

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally apply for Social Security Disability Insurance (SSDI) benefits due to my [medical condition/disability]. My condition has significantly impaired my ability to work and carry out daily activities.

[Provide a brief explanation of your disability, how it affects your daily life, and any relevant medical documentation or history. Include dates of diagnosis and treatments.]

I have attached the necessary documentation to support my application, including [list any included documents, such as medical records, statements from healthcare providers, and any other relevant information].

I appreciate your attention to my application and look forward to your prompt response. Should you require any additional information or documentation, please feel free to contact me at the phone number or email provided above.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Social Security Number (optional, depending on preference)]