

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

[Social Security Administration]
[Office Address]
[City, State, Zip Code]

Subject: Letter of Support for [Applicant's Name] SSDI Application

Dear Sir/Madam,

I am writing to express my support for [Applicant's Name] in their application for Social Security Disability Insurance (SSDI). As [his/her/their] [relationship to the applicant, e.g., friend, relative, coworker], I have witnessed firsthand the challenges [he/she/they] faces due to [his/her/their] medical condition(s).

[In this paragraph, provide a brief description of the applicant's medical condition(s) and how it affects their daily life, work, and ability to perform usual activities.]

[Here, include specific examples of how the condition impacts the applicant's functioning and any relevant incidents or observations that highlight their struggles.]

[Conclude by expressing your overall belief in the applicant's need for SSDI support and your willingness to provide further information if necessary.]

Thank you for considering this letter as part of [Applicant's Name]'s SSDI application.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Title/Position (if applicable)]