

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Title]  
[Social Security Administration]  
[Office Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for Supplemental Security Income (SSI) benefits. My name is [Your Name] and I am [Age] years old. I am currently facing significant challenges due to [briefly describe your medical condition, disability, or financial situation].

I have attached all necessary documents to support my application, including:

- Medical records
- Financial statements
- Identification documents

I believe that my situation qualifies me for SSI benefits, as outlined in your guidelines. [You may include any additional information about your condition, how it affects your daily life, or past work experience.]

Thank you for considering my application. I look forward to your response and am hopeful for a positive outcome.

Sincerely,  
[Your Name]