

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

Social Security Administration

[Office Address]  
[City, State, ZIP Code]

Subject: Application for Supplemental Security Income (SSI)

Dear Sir/Madam,

I am writing to formally request consideration for Supplemental Security Income (SSI) due to [briefly explain your disability or financial situation].

Personal Information:

- Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your DOB]
- Address: [Your Address]
- Contact Number: [Your Phone Number]

Description of Disability:

I am currently facing the following challenges that severely affect my ability to maintain employment or support myself:

- [Explain your disability or medical condition]
- [Include any relevant medical documentation or doctor statements]

Financial Information:

Due to my current situation, I am unable to secure full-time employment.

My sources of income include:

- [List any sources of income and amounts]
- [Explain any financial hardships or lack of financial resources]

I have attached the necessary documentation to support my application, including:

- [List of attached documents, e.g., medical records, pay stubs, financial statements]

I kindly request your prompt attention to this application, as I am in urgent need of assistance. Please let me know if you require any further information or documentation.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]