

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
Social Security Administration
[Local SSA Office Address]
[City, State, Zip Code]
Subject: Application for Supplemental Security Income (SSI)
Dear [SSA Official/Claim Examiner's Name],
I am writing to formally apply for Supplemental Security Income (SSI) benefits. I believe that I meet the eligibility criteria for this program based on my current financial situation and disability status.
Personal Information:
- Full Name: [Your Full Name]
- Social Security Number: [Your SSN]
- Date of Birth: [Your DOB]
- Phone Number: [Your Phone Number]
- Address: [Your Current Address]
Disability Information:
- Description of Disability: [Briefly describe your disability and how it affects your daily life]
- Date of Disability Onset: [Date]
Financial Information:
- Total Monthly Income: [Monthly Income]
- Total Assets: [Total Assets]
- Any additional pertinent financial information: [Details]
Enclosed with this letter are copies of the documents that support my application, including:
1. Proof of income (pay stubs, bank statements)
2. Medical records (related to my disability)
3. Identification (driver's license, birth certificate)
I appreciate your prompt attention to my application, and I look forward to your response. Please feel free to contact me at the phone number or email address listed above if you require any further information or documentation.
Thank you for considering my application.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]
Enclosures: [List of enclosed documents]