

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

I am writing to formally apply for Supplemental Security Income (SSI) benefits. I believe I am eligible for these benefits due to [briefly state your reason, e.g., disability, income level, age].

Please find enclosed the necessary documents to support my application, including:

1. Completed SSI Application Form
2. Medical documentation detailing my condition
3. Proof of income and resources
4. Identification documents

I kindly request you to consider my application and process it at your earliest convenience. If you require any additional information or documentation, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to my application.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]