



NO SOCIAL SECURITY BENEFITS RECEIVED FORM

Applicants Name: _____ SS#: _____

Address: _____ Town: _____

Check whichever is applicable:

- I have not applied for Social Security, SSDI or SSI benefits, and am not currently receiving any of these benefits
- I applied for Social Security, SSDI or SSI benefits on _____ (date). I have not yet received any benefits. (Proof date applied)
- I applied for Social Security, SSDI or SSI benefits. I was denied on _____ due to _____ (date) (Reason for denial) (Copy of denial letter)
- I have received Social Security, SSDI or SSI benefits in the past and am no longer eligible due to _____ (reason) My benefits were terminated on _____ (date). (Copy of termination letter)

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. IF I HAVE INTENTIONALLY FALSIFIED ANY OF THIS INFORMATION, I UNDERSTAND THAT I MAY BE SUBJECT TO REVOCATION AND/OR REPAYMENT OF BENEFITS, AND PROSECUTION FOR FRAUD BY THE STATE OF NEW HAMPSHIRE

Applicant _____ Date _____