



NO SOCIAL SECURITY RECEIVED

Applicant Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check applicable:

- I haven't applied for or received Social Security, SSDI, or SSI benefits.
- I applied for Social Security, SSDI, or SSI benefits on _____ but have not received any benefits yet.
Date
- I applied for Social Security, SSDI or SSI benefits and was denied on _____
Date
due to _____ (Submit copy of denial letter)
Reason for denial
- I previously received Social Security, SSDI, or SSI benefits but am no longer eligible. _____
Date of termination
_____ (Submit copy of termination letter)
Reason

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 Signature: _____ Date: _____