

PART 7 - REMARKS - (You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795.)

PART 8 - IMPORTANT INFORMATION AND SIGNATURES

61. IMPORTANT INFORMATION - PLEASE READ CAREFULLY

- Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
 - The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure you are paid the correct amount.
 - We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if you are eligible or if you continue to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs:
 - (1) you or your spouse notify us in writing that you are canceling your permission,
 - (2) your application for SSI is denied in a final decision,
 - (3) your eligibility for SSI terminates, or
 - (4) we no longer consider your spouse's income and resources to be available to you.
- If you or your spouse do not give or cancel your permission you may not be eligible for SSI and we may deny your claim or stop your payments.

62. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Your Signature (First name, middle initial, last name) (Sign in ink.)	Date (month, day, year)
	Telephone Number(s) where we can contact you during the day:

Spouse's Signature (Sign only if applying for payments.) (First name, middle initial, last name) (Sign in ink.)

63. If you are blind or visually impaired, check the type of mail you want to receive from us.

- | | |
|--|--|
| <input type="checkbox"/> Standard notice First Class | <input type="checkbox"/> Standard & Braille notices by First-Class |
| <input type="checkbox"/> Standard notice First-Class with a follow-up phone call | <input type="checkbox"/> Standard & large print notices |
| <input type="checkbox"/> Standard notice & data CD by First-Class | <input type="checkbox"/> Standard notice & audio CD |
| <input type="checkbox"/> Standard notice Certified | |

64.

WITNESS

Your application does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you, must sign below giving their full address.

1. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)