

DATE: \_\_\_\_\_

Social Security Administration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE:           Name: \_\_\_\_\_  
              Claim #: \_\_\_\_\_  
              Address: \_\_\_\_\_  
              Telephone: \_\_\_\_\_

Title XVI (SSI) or II (SSDI) Claims Representative:

1. I am receiving employment services from:

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. During the month/year \_\_\_\_\_ I was employed by:

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_

3. I am reporting my gross monthly earnings of \$ \_\_\_\_\_. I have attached pay receipts for the wages earned this month. **Please return the receipts to my home address.**

I am reporting unearned income of \$ \_\_\_\_\_.

4. I am claiming the following incentives:

\_\_\_\_\_ **Student Earned Income Exclusion** of \_\_\_\_\_ this month.  
\_\_\_\_\_ **Impairment-related Work Expenses** of \$ \_\_\_\_\_. List of expenses and receipts attached.  
\_\_\_\_\_ **PASS** savings of \$ \_\_\_\_\_. Please see the attached list of deposits.  
\_\_\_\_\_ **Blind Work Expenses** of \$ \_\_\_\_\_. Please see the attached list of expenses and receipts.  
\_\_\_\_\_ **Other** \_\_\_\_\_

5. Based on earnings less work expenses, I ( ) am ( ) am not eligible for an adjusted cash benefit.

6. If you disagree with my information please let me know.

Sincerely,

\_\_\_\_\_