

# Social Security Express Service

## Income Verification

To obtain proof of your social security and or supplemental security income SSI benefits. Please complete this form and place it in the Express Box in our lobby.

What is your social security number?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Claim Letter \_\_\_\_\_

What is your name?

\_\_\_\_\_

What is your mailing address?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your telephone number?

(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

What type of benefits do you receive?

Social Security Benefits

Supplemental Security Income (SSI) benefits

Signature: \_\_\_\_\_ Date: \_\_\_\_\_