

Social Security Benefits Verification Worksheet

Personal Information

Full Name: _____

Date of Birth: _____

Social Security Number (Last 4 digits): _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Benefit Details

Type of Benefit Received:

- Retirement
- Disability (SSDI)
- Supplemental Security Income (SSI)
- Survivor's Benefits
- Spousal Benefits

Monthly Social Security Benefit Amount: _____

Date Benefits Started: _____

Payment Frequency: Monthly Bi-weekly

Direct Deposit or Check: Direct Deposit Paper Check

Benefit Verification Request Purpose

- Housing or Rental Assistance
- Medicaid or Medicare Application
- SNAP / Food Assistance
- Financial Aid or FAFSA
- Legal or Court Requirement
- Other: _____

SSA Benefit Verification Source

Have you requested a Benefit Verification Letter from SSA?

- Yes No

If Yes, Date Requested: _____

Received Format: Mail Online via SSA.gov