APPLICATION FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

I am applying for all benefits for which I am eligible under title VIII (Special Benefits for Certain World War II Veterans) of the Social Security Act, and for benefits under other programs administered by the Social Security Administration.

1. (a) Print your name (First Name, Middle Initial, Last Name) (b) Enter your date of birth Month, Day, Year

2. (a) Enter your Social Security Number

(b) Did you ever use any other names (including maiden name) or other Social Security Numbers (SSN)? ☐ YES ☐ NO

(c) Other Names or SSNs Used

3. Sex ☐ male ☐ female

4. (a) Have you (or has someone on your behalf) ever filed an application for Supplemental Security Income (SSI)? ☐ YES ☐ NO

(b) Are you currently receiving SSI payments? ☐ YES ☐ NO

If "NO," when did you last receive SSI payments? Month Year

5. (a) Were you in the active military, naval or air service of the United States after September 15, 1940 and before July 25, 1947? ☐ YES ☐ NO

(b) Enter dates of service. From: (Month, Year) To: (Month, Year)

6. (a) Were you in the organized military forces of the Government of the Commonwealth of the Philippines, while the forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941? This includes organized guerrilla forces under commanders appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States. You must have been in this service after July 25, 1941 and before December 31, 1946. ☐ YES ☐ NO

(b) Enter dates of service. From: (Month, Year) To: (Month, Year)

IF YOU ANSWER "NO" TO ITEMS 5 AND 6, GO ON TO SIGNATURE BLOCK ON PAGE 4.
7. (a) During the past 12 months, did you receive income from any of the following sources?

<table>
<thead>
<tr>
<th>INCOME SOURCES</th>
<th>Yes</th>
<th>No</th>
<th>Dates Received</th>
<th>Monthly Amount</th>
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<tbody>
<tr>
<td>FEDERAL BENEFITS</td>
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<tr>
<td>Social Security <em>(This does not include SSI)</em></td>
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<td>Railroad Retirement</td>
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<td>Veterans Affairs</td>
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<td>Office of Personnel Management <em>(Civil Service)</em></td>
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<td>Military Pension</td>
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<td>Black Lung</td>
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<td>Bureau of Indian Affairs</td>
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<td>STATE/LOCAL BENEFITS</td>
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<td>Unemployment Compensation</td>
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<td>Workers’ Compensation</td>
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<td>State Disability</td>
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<tr>
<td>State or Local Pension</td>
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<tr>
<td>PRIVATE BENEFITS</td>
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<td>Employer or Union Pension</td>
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<tr>
<td>Insurance or Annuity Payment</td>
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<tr>
<td>OTHER PENSION, ANNUITY, RETIREMENT OR DISABILITY BENEFIT <em>(Show Source)</em></td>
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</tbody>
</table>

(b) During the past 12 months, did you receive a lump sum payment, instead of monthly or other recurring payments, from any of the above sources? □ YES □ NO

If “YES,” explain below.

8. (a) Have you ever been deported or removed from the United States? □ YES □ NO

If “YES,” answer (b) and (c) below.

(b) Enter Month, Day, Year you were deported or removed from the United States. Month Day Year

(c) Have you ever been lawfully admitted to the United States for permanent residence after the date in (b) above? □ YES □ NO
9. Is there an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year?  □ YES  □ NO

10. Are you currently in violation of a condition of probation or parole imposed under Federal or State law?  □ YES  □ NO

11. (a) Have you established residence outside the 50 States, the District of Columbia, or the Commonwealth of the Northern Mariana Islands?  □ YES  □ NO

   If “YES,” complete (c) and (d) below.
   If “NO,” complete (b) below.

   (b) Do you intend to establish residence outside the 50 States, the District of Columbia or the Commonwealth of the Northern Mariana Islands?  □ YES  □ NO

   If “YES,” complete (c) and (d) below.
   If “NO,” go to signature block on page 4.

   (c) Date residence began or will begin

      Month, Day, Year

   Date residence ended or will end (if applicable)

   (d) Enter below your full address outside the United States (include zip/postal code).

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)
IMPORTANT INFORMATION — PLEASE READ CAREFULLY

- You must tell us about any changes shown on the attached Reporting Instructions within 10 days after the end of the month it happens.

- 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.

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.

**SIGNATURE OF APPLICANT**

<table>
<thead>
<tr>
<th>Signature (First Name, Middle Initial, Last Name) (Write in ink)</th>
<th>Date (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s Mailing Address *(Number & Street, Apt. No., P.O. box)* *(Enter Residence Address in “Remarks,” on page 3 if different.)*

City and State | Country | ZIP/Postal Code

Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses. Also, print the applicant’s name in the Signature block.

1. Signature of Witness | 2. Signature of Witness

| Address *(Number and Street, City, State, Country and ZIP/Postal Code)* | Address *(Number and Street, City, State, Country and ZIP/Postal Code)* |

Form **SSA-2000-F6 (09-2016)**
REPORTING INSTRUCTIONS
FOR SPECIAL BENEFITS FOR WORLD WAR II VETERANS

You must report to Social Security if:

• You change your mailing address or residence.

• You return to or visit the United States for a calendar month or longer.

• You become unable to manage benefits.

• You have been deported or removed from the United States.

• There is an unsatisfied warrant for your arrest for a felony crime in the United States, or in U.S. jurisdictions that do not define crimes as felonies, for a crime that is punishable by death or imprisonment for a term exceeding one year.

• You are in violation of a condition of probation or parole.

• You receive a pension, annuity or other recurring payment. This includes payments such as workers’ compensation, veterans benefits or disability benefits. You must also report if the amount of these payments changes.

• Additionally, your family or other knowledgable person must notify SSA if you die.

HOW TO REPORT

You can make your reports by telephone, mail or in person. You can contact any U.S. Embassy, Consulate, or any U.S. Social Security Office. If you live in the Philippines, you may contact:

Social Security Administration
1201 Roxas Boulevard
Ermite 0930 Manila
Telephone: 632-301-2000 Ext. 9
Email: FBU.MANILA@SSA.GOV
Your application for Special Benefits for World War II Veterans will be processed as quickly as possible. If you have any questions about your claim, we will be glad to help you. You should hear from us within ______ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.

**PRIVACY ACT NOTICE**

Application for Special Benefits for World War II Veterans

Section 806 of Section 251 of P.L. 106-169, authorizes us to collect this information. We will use the information you provide to determine whether you are eligible for Special Veterans Benefits. Furnishing us this information is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your claim, and could result in the loss of some payments.

We generally use the information you supply for determining eligibility for Special Veterans Benefits. We rarely use the information you supply for any purpose other than the reason stated above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans’ Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person’s eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Master Files of Social Security Number (SSN) Holders and SSN Applications, 60-0058; Claims Folders System, 60-0089; Supplemental Security Income Record and Special Veterans Benefits, 60-0103; and Social Security Title VIII Special Veterans Benefits Claims Development and Management Information System, 60-0273. These notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.