Hampton University International Office

Social Security Number Application

Anyone who plans to work (on- or off-campus) will need a Social Security Number (SSN) for payment and tax purposes. Social Security Numbers are only granted to those with valid work authorization.

Applying for a Social Security Number for F-1 Students:

- You must wait at least **2-3 days** after your check-in at the International Office to apply for a SSN number; this will allow your SEVIS record to be updated.

- You must submit as part of your SSN application:

  1. A **Job Offer Letter from your Department or On-Campus Company** in order for you to apply for a number (see template attached);
  2. A **Letter from your DSO at the HU International Office**;
  3. A completed **Application for a Social Security Card** (SS-5) (see attached);
  4. Your **Passport**, current **I-20**, **F-1 Visa**, **I-94 record**, and your last **Admission Stamp**.

- There is no fee to apply for the social security number.

- It usually takes about 2-3 weeks for your card to arrive in the mail. Please visit the International Office if the process takes longer than 3 weeks. The SSN Administration does not require you to have your SSN before you start work. However, the IRS requires employers to report wages using a SSN. While you wait for your SSN, your employer can use a letter from the SSN Administration stating that you applied for a number.

- The Social Security Application Form must be submitted in person at the Social Security Office. There is a social security office about ten minutes from campus, at 1521 Hardy Cash Drive, Hampton, VA 23666. The second closest office is in Newport News at 11706 Jefferson Ave, Newport News, VA 23606.

- All documents must be underlined originals. No copies are accepted.

- Once you receive your Social Security Card, keep it in a safe place. The number will be valid for the rest of your life, but it can be very difficult to retrieve it if you lose your card.

<u>TEMPLATE JOB OFFER LETTER FOR ON-CAMPUS EMPLOYMENT</u>
<u>FOR F-1 STUDENT</u>

[The job offer letter must be on letterhead, and include the school's department or on-site company name and full address.]

Date

Dear **Student Name**,

Name of Department/Company at Hampton University is pleased to offer you a **Position** at **Job Location** *(include full address)*. Your schedule will be from __**AM to**__**PM Monday to Friday**. You will be working **Number of Hours** per week, beginning on **Date**, and ending on **Date**. For this position, you will be paid an hourly rate of **Amount**.

For this position, your major duties will include **Brief Description of Job Responsibilities**. Your supervisor will be **Name, Supervisor's Position**. **His/Her** phone number is **Phone Number**, and his/her email is **Email**.

In addition, it is our understanding that you will be authorized to accept this employment under the Department of Homeland Security regulations governing non-immigrant international students. We certify that this employment is work performed on the premises of Hampton University. The **Company/Department** is an on-site entity that directly serve students.

We understand that you cannot be working more than 20 hours per week during the required academic terms. However, you are allowed to work full-time (more than 20 hours per week) on campus during official Hampton University breaks of at least one week (Winter Break, Spring Break, and Summer Break) as long as you intend to enroll in a full-time course of study for the following semester. We also understand that you may not work on campus without authorization after the termination or completion of your academic program.

Sincerely,

_____/Signature/_____

Company/Department Official

**FORM FOR DSO'S LETTER TO REQUEST
SOCIAL SECURITY NUMBER TO WORK FOR F-1 STUDENT**

STUDENT'S NAME: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

YOUR POSITION: _____

□ PART-TIME   □ FULL-TIME

STARTING DATE (MM/DD/YY): _____

ENDING DATE (MM/DD/YY): _____

□ ON-CAMPUS

□ OFF-CAMPUS □ CPT   □ OPT

FOR OFF-CAMPUS, CPT, OR OPT, EMPLOYER IDENTIFICATION NUMBER (EIN): _____

STUDENT'S IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S EMAIL: _____

SUPERVISOR'S TELEPHONE NUMBER: _____

DATE: _____ STUDENT'S SIGNATURE: _____

REQUEST WILL BE PROCESSED WITHIN FIVE BUSINESS DAYS FROM DATE REQUEST IS RECEIVED BY THE INTERNATIONAL OFFICE.

CALL BACK PHONE #: _____ EMAIL: _____

NOTE:
MAKE SURE TO HAVE THE FOLLOWING DOCUMENTS WITH YOU WHEN REQUESTING A SSN FROM THE SOCIAL SECURITY ADMINISTRATION OFFICE:
- INTERNATIONAL OFFICE REQUEST FOR SSN LETTER
- EMPLOYER'S LETTER
- MOST CURRENT I-20 FORM
- MOST CURRENT I-94 FORM
- PASSPORT, F-1 VISA, AND LAST ADMISSION STAMP

International Students and Social Security Numbers

Are you temporarily in the United States to attend a college, language, vocational, or nonacademic school with a nonimmigrant **F-1**, **M-1,** or **J-1** student classification? Your schoo may ask you for your Social Security number. Some colleges and schools use Social Security numbers as student identification numbers. I you don't have a Social Security number, the college or school should be able to give you another identification number

Social Security numbers generally are assigned to people who are authorized to work in the United States. Social Security numbers are used to report your wages to the government and to determine eligibility for Social Security benefits. Social Security will not assign number to you just to enroll in a college or school.

If you want to get a job on campus, you should contact your designated school official fo international students. This official can tell you i you're eligible to work on campus and can give you information about available jobs. Also, your school may approve certain limited off-campus employment, as permitted under Department of Homeland Security (DHS) regulations. **If your school has authorized you to work either on or off campus, and you meet Social Security's eligibility requirements described in the next section, you can get a Social Security number.**

In general, only noncitizens who have DHS' permission to work can apply for a Social Security number. We suggest you wait 48 hours after reporting to your school before you apply for a Social Security number. This waiting will help ensure we can verify your immigration status with the DHS.

To apply for a Social Security number at your local Social Security office

- Complete an Application for a Social Security card (SS-5); and
- Show us documents proving your:

—Work-authorized immigration status;

—Age; and

—Identity.

Immigration status

To prove your immigration status, you must show us a current admission stamp in your unexpired foreign passport and *Arrival/ Departure Record* (Form I-94), if available. If you're an F-1 or M-1 student, you must also show us your *Certificate of Eligibility fo Nonimmigrant Student Status* (Form I-20*)*. If you're a J-1 exchange visitor, you must show us your *Certificate of Eligibility for Exchange Visito Status* (Form DS-2019).

Work eligibility

If you're an F-1 student and eligible to work on campus, you must provide a letter from your designated school official that

- Identifies you
- Confirms your current school status; an
- Identifies your employer and the type of wor you are, or will be, doing.

We also need to see evidence of that employment, such as a recent pay slip or a letter from your employer. Your supervisor must sign and date the employment letter. This letter must describe:

- Your job;
- Your employment start date;
- The number of hours you are, or will be, working; and
- Your supervisor's name and telephone number.

If you're an F-1 student authorized to work in curricular practical training (CPT), you must provide us your Form I-20 with the employment page completed and signed by your school's designated official

If you're an F-1 or M-1 student and have a work permit (Form I-766) from the DHS, you must present it.

If you're a J-1 student, student intern, or international visitor, you must provide a letter from your sponsor. The letter should be on sponsor letterhead with an original signature that authorizes your employment.

We cannot process your application if:

- Your on-campus or CPT work begins more than 30 days from your application date; or
- The employment start date on your work permit from the DHS (Form I-766) is a future date.

Age

You must present your foreign birth certificate i you have it or can get it within 10 business days. If you can't present your foreign birth certificate we can consider other documents, such as your passport or a document issued by the DHS, as evidence of your age.

Identity

We can only accept certain documents as proof of identity. An acceptable document must be current (not expired) and show your name, identifying information, and preferably, a recent photograph. Social Security will ask to see your current unexpired foreign passport with DHS issued immigration documents.

All documents must be either originals or copies certified by the issuing agency. W cannot accept photocopies or notarized copies of documents. We also cannot accept a receipt showing you applied for the document. We may use one document for two purposes. For example, we may use your admission stamp in the unexpired foreign passport as proof of both work eligibility and identity.

We don't require you to have a Social Security number before you start work. However, the Internal Revenue Service (IRS) requires employers to report wages using a Social

Security number. While you wait for your Social Security number, your employer can use a letter from us stating that you applied for a number. Your employer may use your immigration documents as proof of your authorization to work in the United States. Employers can find more information on the Internet a ***www.socialsecurity.gov/employer/hiring.htm.***

Contacting Social Security

The most convenient way to contact us anytime, anywhere is to visit ***www.socialsecurity.gov***. There, you can: apply for benefits; open *my* Social Security account, which you can use to review your *Social Security Statement*, verify your earnings, print a benefit verificati letter, change your direct deposit information, request a replacement Medicare card, and get a replacement SSA-1099/1042S; obtain valuable information; find publication ; get answers to frequently asked questions; and much more.

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.

Printed on recycled paper

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at **www.socialsecurity.gov**.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4.   Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5.   If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps6z/FOLO/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. 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 of Social Security programs.

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.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, 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.

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 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	**NAME** TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			

2 Social Security number previously assigned to the person listed in item 1 ☐☐☐ – ☐☐ – ☐☐☐☐

3 PLACE OF BIRTH (Do Not Abbreviate) City   State or Foreign Country   Office Use Only   FCI

4 DATE OF BIRTH MM/DD/YYYY

5 CITIZENSHIP (Check One)
☐ U.S. Citizen
☐ Legal Alien Allowed To Work
☐ Legal Alien **Not** Allowed To Work (See Instructions On Page 3)
☐ Other (See Instructions On Page 3)

6 ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) ☐ Yes ☐ No

7 RACE Select One or More (Your Response is Voluntary)
☐ Native Hawaiian ☐ American Indian ☐ Other Pacific Islander
☐ Alaska Native ☐ Black/African American ☐ White
☐ Asian

8 SEX ☐ Male ☐ Female

9
A. PARENT/ MOTHER'S NAME AT HER BIRTH First   Full Middle Name   Last
B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) ☐☐☐ – ☐☐ – ☐☐☐☐ ☐ Unknown

10
A. PARENT/ FATHER'S NAME First   Full Middle Name   Last
B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) ☐☐☐ – ☐☐ – ☐☐☐☐ ☐ Unknown

11 Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?
☐ Yes (If "yes" answer questions 12-13) ☐ No ☐ Don't Know (If "don't know," skip to question 14.)

12 Name shown on the most recent Social Security card issued for the person listed in item 1 First   Full Middle Name   Last

13 Enter any different date of birth if used on an earlier application for a card   MM/DD/YYYY

14 TODAY'S DATE MM/DD/YYYY

15 DAYTIME PHONE NUMBER Area Code   Number

16 MAILING ADDRESS (Do Not Abbreviate)
Street Address, Apt. No., PO Box, Rural Route No.
City   State/Foreign Country   ZIP Code

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 to my knowledge.

17 YOUR SIGNATURE

18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:
☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other Specify

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DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN			DOC	NTI	CAN		ITV
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT

EVIDENCE SUBMITTED

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW

DATE

DCL   DATE