

STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS

Name and Address

| | |
|---|---------------|
| For Official Use Only | |
| EI SSN | |
| Spouse's Name | |
| Spouse's SSN | |
| Check the Ones That Apply <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> FS-APP <input type="checkbox"/> FS-REF | DO Code |
| Interviewer's Initials | Date Received |

WHEN ANSWERING THE QUESTIONS, REFER TO THIS DATE

MARITAL STATUS/TRAVEL OUTSIDE THE UNITED STATES/LIVING ARRANGEMENTS

| 1. | Since the date above, has your marital status (or the marital status of your parents if you are a child) changed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------|--------------|--------------------------|-------------------|--------|------------------|----------------|------------------|----------------|------------------|---------|---------|---------|---------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2. | Since the date above, have you moved to a new address? If "yes," give the new address: ADDRESS (Number, Street, City, State, and ZIP Code) DATE YOU MOVED | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Since the date above, have you been outside the United States (the 50 States, District of Columbia, and Northern Mariana Islands)? If "yes," please give: DATE(S) LEFT (month/day/year): DATE(S) RETURNED (month/day/year) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If "yes," please give: NAME OF INSTITUTION DATE ENTERED (Month/day/year): DATE LEFT (Month/day/year): ADDRESS (Number, Street, City, State and ZIP Code) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Mark X in the box which best describes where you live: <input type="checkbox"/> House <input type="checkbox"/> Room <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rest or Retirement Home <input type="checkbox"/> Rehabilitation Center <input type="checkbox"/> Other _____ (specify) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Since the date above, has anyone moved into or out of the place where you live? (including births and deaths) If "yes," please give: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">NAME</th> <th rowspan="2">RELATIONSHIP</th> <th rowspan="2">AGE</th> <th colspan="2">BLIND OR DISABLED</th> <th rowspan="2">DATE MOVED IN</th> <th rowspan="2">DATE MOVED OUT</th> <th colspan="3">INELIGIBLE CHILD</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>STUDENT</th> <th>MARRIED</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | NAME | RELATIONSHIP | AGE | BLIND OR DISABLED | | DATE MOVED IN | DATE MOVED OUT | INELIGIBLE CHILD | | | YES | NO | STUDENT | MARRIED | INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | RELATIONSHIP | AGE | | | | BLIND OR DISABLED | | | | DATE MOVED IN | DATE MOVED OUT | INELIGIBLE CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | YES | NO | STUDENT | MARRIED | INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Do any other people live in the same household with you or your spouse? If "yes," please give the following information about them (including children): | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th rowspan="2">NAME</th> <th rowspan="2">RELATIONSHIP</th> <th rowspan="2">AGE AND/OR DATE OF BIRTH</th> <th colspan="2">BLIND OR DISABLED</th> <th colspan="3">INELIGIBLE CHILD</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>STUDENT</th> <th>MARRIED</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | NAME | RELATIONSHIP | AGE AND/OR DATE OF BIRTH | BLIND OR DISABLED | | INELIGIBLE CHILD | | | YES | NO | STUDENT | MARRIED | INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | RELATIONSHIP | AGE AND/OR DATE OF BIRTH | | | | BLIND OR DISABLED | | INELIGIBLE CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | YES | NO | STUDENT | MARRIED | INCOME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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LIVING ARRANGEMENTS (continued)

8. Do all of the people who live with you receive public assistance payments?
(For example, welfare, AFDC/TANF, VA pension, general assistance, SSI.) Yes No

9. a. Do you, or your spouse living with you, own or are you buying the place where you live?
If "yes," give:
MONTHLY MORTGAGE PAYMENT AMOUNT: _____ Yes No

b. Do you, or your spouse living with you, rent the place where you live? Yes No

c. If you are a child recipient living with your parents, do your parents own or rent the place where you live? Yes No

d. Does someone else who lives with you own or rent the place where you live? Yes No

e. If the place where you live is rented give,

| LANDLORD'S NAME | ADDRESS <small>(Number, Street, City, State and ZIP Code)</small> | LANDLORD'S PHONE () | MONTHLY RENT |
|-----------------|--|-----------------------------|--------------|
| | | | |

f. If the place where you live is rented, are you (or anyone living with you) the parent or child of your landlord or your landlord's spouse? Yes No
If "yes," give the name of the household member who is the related person _____

g. If a. or b. is answered "yes," does any one who lives with you (other than your spouse) pay for or give you money for food, mortgage or rent, property insurance or taxes, heating fuel, gas, electricity, water, sewerage, or garbage collection services? Yes No

10. Since the date on page 1, did anyone **not** living with you: Yes No

a. Give you a free place to live? Yes No

b. Help you pay the mortgage, rent, property insurance, property taxes, and/or sewerage charges? Yes No

c. Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service? Yes No

If "yes," to a., b., or c., complete the following:

| TYPE OF HELP | SOURCE | | PHONE NUMBER | MONTHLY AMOUNT | MONTHS RECEIVED |
|--------------|--|--|--------------|----------------|-----------------|
| | NAME/ADDRESS (Number, Street, City, State, ZIP Code) | | | | |
| | | | () | | |
| | | | () | | |
| | | | () | | |

11. Since the date on page 1, did anyone give you clothing or other gifts which are not cash?
If "yes," complete the following: Yes No

| DESCRIPTION OF ARTICLE | SOURCE | | PHONE NUMBER | MONTHS RECEIVED | VALUE |
|------------------------|--|--|--------------|-----------------|-------|
| | NAME/ADDRESS (Number, Street, City, State, ZIP Code) | | | | |
| | | | () | | |
| | | | () | | |

EARNED INCOME

12. Since the date on page 1, have you, or your spouse living with you, worked OR do you expect to work in the next 14 months? Yes No
If "yes," please give:
a. Amounts for Past Months

| NAME OF WORKER | EMPLOYER'S NAME, ADDRESS (Number, Street, City, State, ZIP Code) AND PHONE NUMBER | GROSS WAGES | | DATES OF EMPLOYMENT |
|----------------|---|-------------|----------------|--------------------------|
| | | Amount | How Often Paid | |
| | | | | From: _____ To: _____ |
| | | | | From: _____ To: _____ |

| EARNED INCOME (continued) | | | | | | | | | | |
|---------------------------|---|------------------|--------------|----------------------|-----------------------|----------------------|--------------------------|----|----|--|
| 12. | b. Estimates for Current and Future Months | | | | | | | | | |
| | Month | | | | | | | | | |
| | Amount | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| | Month | | | | | | | | | |
| | Amount | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| 13. | Since the date on page 1 , have you, or your spouse living with you, been self-employed or expect to be self-employed in the current taxable year? If "yes," please give: | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | NAME OF SELF-EMPLOYED PERSON | TYPE OF BUSINESS | LAST YEAR'S | | THIS YEAR'S ESTIMATED | | DATES OF SELF-EMPLOYMENT | | | |
| | | | GROSS INCOME | NET INCOME (OR LOSS) | GROSS INCOME | NET INCOME (OR LOSS) | | | | |
| | | | | | | | From: | | | |
| | | | | | | | To: | | | |
| | | | | | | | From: | | | |
| | | | | | | | To: | | | |
| 14. | If you are disabled, do you have any special expenses that you paid that are related to your illness or injury and which are necessary for you to work? | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

UNEARNED INCOME

| | | | | | | | | | | |
|-----|--|-------------|--------|-----------|----------------------------|--|---|--|--|---|
| 15. | Since the date on page 1 , have you, or your spouse living with you, received, or do you expect to receive in the next 14 months, any of the income listed below: | | | | | | | | | |
| | a. Private pensions, annuities (other than Social Security, SSI, or food stamps)? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | b. Unemployment or worker's compensation? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | c. TANF, AFDC or State or local assistance based on need? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | d. Veterans Administration benefits (based on need, not based on need, education)? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | e. Rental/lease income? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | f. Alimony or child support? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | g. Dividends or royalties? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | h. Interest earned on money in bank accounts (including interest on checking accounts)? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | i. Money from a trust fund? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | j. Money from any other person or organization? | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | If the answer is "yes," to any of these types of unearned income, please give: | | | | | | | | | |
| | TYPE OF INCOME | RECEIVED BY | AMOUNT | FREQUENCY | DATES RECEIVED OR EXPECTED | | SOURCE (Name/Address of Person, Bank, Company, or Organization) | | | |
| | | | | | From: | | | | | |
| | | | | | To: | | | | | |
| | | | | | From: | | | | | |
| | | | | | To: | | | | | |

16.

RESOURCES: THINGS YOU OWN

Do you, or your spouse living with you, own any of the following items (answer "yes" if your name appears alone or with any other person as the owner or part owner of any of these items):

a. Cash (with you, at home, in a safe deposit box)?

Yes No

b. Checking accounts?

Yes No

c. Savings accounts?

Yes No

d. Credit union accounts?

Yes No

e. Christmas club accounts?

Yes No

f. Savings certificates/certificates of deposit?

Yes No

g. Promissory notes or IOU's?

Yes No

h. Stocks or bonds?

Yes No

i. Other items that can be cashed or sold?

Yes No

If "yes," please give the following information:

| NAME OF EACH ITEM | OWNER(S) OF EACH ITEM | TOTAL VALUE OF EACH ITEM | NAME AND ADDRESS OF BANK, COMPANY, OR ORGANIZATION |
|-------------------|-----------------------|--------------------------|--|
| | | | |
| | | | |
| | | | |

17. Do you, or your spouse living with you, own or are you buying any life insurance policies?

Yes No

If "yes," please give the following information:

| NAME OF OWNER | NAME OF INSURED | NAME AND ADDRESS OF INSURANCE COMPANY | | |
|---------------|----------------------------|---------------------------------------|-------------------------------|--|
| | | | | |
| | | | | |
| POLICY NUMBER | TOTAL FACE VALUE OF POLICY | CASH SURRENDER VALUE | WHEN WAS THE POLICY PURCHASED | IF THERE IS A LOAN AGAINST THE POLICY, GIVE THE AMOUNT |
| | | | | |
| | | | | |

18. Is your name, or the name of your spouse living with you, on the title of any vehicles (for example, car, truck, boat, camper, motorcycle, etc.)? If "yes," please give the following information:

Yes No

| NAME OF OWNER(S) | YEAR OF VEHICLE(S) | MAKE AND MODEL | CURRENT MARKET VALUE | HOW MUCH IS OWED ON VEHICLE(S) |
|--|--------------------|----------------|----------------------|--------------------------------|
| | | | | |
| | | | | |
| MAIN PURPOSE FOR WHICH THE VEHICLE(S) IS USED (For example, employment, to obtain medical treatment, etc.) | | | | |
| | | | | |
| | | | | |

19. Do you, or your spouse living with you, own or are you buying any real estate (land or buildings or other structures on the land)? (Include property outside the U.S., inherited property, life estates. Do not include your home.) If "yes," please give the following information:

Yes No

| NAME OF OWNER | ESTIMATED CURRENT MARKET VALUE | TAX ASSESSED VALUE IF KNOWN | AMOUNT OF MORTGAGE PAYMENT (if any) | AMOUNT OWED ON THE PROPERTY |
|--|--------------------------------|---|-------------------------------------|-----------------------------|
| | | | | |
| | | | | |
| DESCRIPTION (Include type and size of structures, acreage or lot size, and location of property) | | USE (Describe how the property is used. If not in use, give date of last use and next planned use.) | | |
| | | | | |
| | | | | |

RESOURCES (continued)

20. Do you, or your spouse living with you, own any of the following items (answer "yes" if your name or your spouse's name appears alone or with any other person as the owner or part owner of any of these items).

a. Other household or personal items not already mentioned worth more than \$500? Yes No

b. Other equipment (business or nonbusiness) or property of any kind (not already included on this form)? Yes No

If "yes," please give the following information:

| OWNER(S) OF EACH ITEM | NAME OF EACH ITEM | TOTAL VALUE OF EACH ITEM | HOW MUCH IS OWED ON EACH ITEM |
|--|-------------------|---|-------------------------------|
| | | | |
| | | | |
| DESCRIPTION (Where appropriate, give name and address of bank, company, or organization) | | USE (Describe how the property is used. If not in use, give date of last use and next planned use.) | |
| | | | |
| | | | |

21. a. Do you, or your spouse living with you, own any headstones or markers, cemetery lots, crypts, urns, mausoleums, or other repositories for burial? Yes No

If "yes," please give:

| NAME OF OWNER | FOR WHOSE BURIAL | RELATIONSHIP TO YOU OR YOUR SPOUSE | DESCRIPTION AND VALUE |
|---------------|------------------|------------------------------------|-----------------------|
| | | | |
| | | | |

b. Do you, or your spouse living with you, have any money or other assets, such as, burial contracts, trusts, insurance policies, agreements, or anything else you intend to use for your burial expenses? (Include assets listed in items 16-21 if appropriate.) Yes No

If "yes," please give:

| DESCRIBE WHAT YOU HAVE SET ASIDE | VALUE | WHEN DID YOU SET IT ASIDE (Month/Day/Year) | WILL INTEREST EARNED OR APPRECIATIONS IN VALUE REMAIN IN THE BURIAL FUND | |
|----------------------------------|-------|--|--|----|
| | | | YES | NO |
| | | | | |
| | | | | |
| | | | | |
| IS IT IRREVOCABLE | | NAME OF OWNER | FOR WHOSE BURIAL | |
| YES | NO | | | |
| | | | | |
| | | | | |
| | | | | |

22. a. **Since the date on page 1**, have you, your spouse living with you, sold, transferred title, disposed of or given away any money, or other property, including money or property in foreign countries?

| | | |
|--|-------------|---|
| | You | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Your Spouse | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

b. If you co-owned property with another person(s), did you or any co-owner sell, transfer, or give way any co-owned money or property?

| | | |
|--|-------------|---|
| | You | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Your Spouse | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

IF "YES" TO (A) OR (B), GO TO (C). IF NO TO BOTH, GO TO 23.

RESOURCES (continued)

| | | | | | | |
|--|--|---|---|---|---|--|
| 22. Cont. | SOLD ON OPEN MARKET | GIVEN AWAY | TRADED FOR GOODS/SERVICES | OWNER'S/CO-OWNER'S NAME(S) | DATE OF DISPOSAL | |
| | | | | | | |
| | | | | | | |
| | DESCRIPTION OF PROPERTY | | | NAME AND ADDRESS OF PURCHASER OR RECIPIENT | RELATIONSHIP TO OWNER | |
| | | | | | | |
| | | | | | | |
| | VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT | SALE PRICE OR OTHER CONSIDERATION RECEIVED | ARE ADDITIONAL CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN | | | |
| | | | | | | |
| | DO YOU STILL OWN PART OF THE PROPERTY? IF YES, EXPLAIN | | | | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 23. | Since the date on page 1, have you (or your spouse living with you) had any change in health insurance coverage or other insurance that pays for medical bills? (Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.) | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

IF YOU LIVE IN CALIFORNIA, PLEASE DO NOT ANSWER QUESTION 24 BELOW.

| | | | |
|-----|--|--|--|
| 24. | | You | Your Spouse |
| a. | Are you currently receiving food stamps? —————→ If YES , go to "b." If NO , go to "c." | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. | Have you received a recertification notice within the past 30 days? —————→ If YES , go to "e." If NO , go to question 25. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. | Have you filed for food stamps in the last 60 days? —————→ If YES , go to "d." If NO , go to "e." | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| d. | Have you received a favorable decision? —————→ If YES , go to question 25. If NO , go to e. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| e. | Is everyone in the household applying for or receiving SSI? —————→ If YES , go to "f." If NO , go to question 25. | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| f. | May I take your food stamp application today? —————→ If YES , go to question 25. If NO , explain in "g." | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| g. | Explanation | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

REMARKS Continued _____

If the address where you live is different than the address where you get your mail, please give the address where you live:

| | | |
|-----------------------------|------------|----------|
| Address (Number and Street) | City/State | ZIP Code |
|-----------------------------|------------|----------|

YOUR AUTHORIZATION

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. 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 or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties or, both.

SIGNATURES (Write in ink)

| | | |
|--|------|--|
| Your Signature (First name, middle initial, last name) Sign Here ▶ | Date | Area Code and Telephone Number Where You Can Be Reached () |
| Spouse's Signature (First name, middle initial, last name) (Sign Only if Receiving SSI Payments) Sign Here ▶ | Date | |

WITNESSES (Write in ink)

If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.

| | |
|---|---|
| 1. Signature of Witness ▶ | 2. Signature of Witness ▶ |
| Address (Number, Street, City, State, ZIP Code) | Address (Number, Street, City, State, ZIP Code) |

REPRESENTATIVE PAYEE (Write in ink)

| | | |
|--|--|---|
| Your Title or Relationship to the Recipient | Area Code and Telephone Number Where You Can Be Reached () | Address (Number, Street, City, State, ZIP Code) |
| Your full name (First name, middle initial, last name) Please print here ▶ | | Date |
| Please sign here ▶ | | |

RIGHTS AND RESPONSIBILITIES

| | | |
|--|---|------|
| NAME | SOCIAL SECURITY NUMBER ____ - ____ - _____ | DATE |
| NAME | SOCIAL SECURITY NUMBER ____ - ____ - _____ | DATE |
| Telephone Number (include area code) to call if you have a question or something to report. () | Social Security Office you may visit in person or send in your request: | |

Privacy Act Notice

The Social Security Administration is authorized to collect the information on this statement under 161 l(c) of the Social Security Act and regulations 20 CFR 416.204. While it is not mandatory except in the circumstances explained below, for you to furnish the information on this statement to Social Security, no benefits can continue unless a periodic review of eligibility is completed by a Social Security office. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

The information on this statement is needed to enable Social Security to determine if you continue to be eligible for supplemental security income (SSI) payments. Failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits.

Although the information you furnish on this statement is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to an agency as follows: 1. to enable a third party or an agency to assist Social Security in determining continuing eligibility to SSI payments; and 2. to comply with Federal law requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs)

COMPUTER MATCHING - We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT: 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 XX minutes to read the instructions, gather the facts, and answer the questions. **SEND 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.** You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.**

Reporting Responsibility

The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you. Changes could make your check bigger or smaller.

You must tell us about changes within 10 days after the month they happen. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive.

You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value.

A List of Most of the Changes You Must Report Is On The Next Page.

How To Report Changes

You can report changes in any of the following ways:

- Call us, **toll free, at 1-800-772-1213.**
- Call your local Social Security Office at the number at the top of this form.
- By mail or in person -- see the address at the top of this form.

Important Facts About Food Stamps

You can apply for food stamps at the Social Security Office if you and everyone in your household get or apply for SSI.

The Social Security Office will help you fill out the food stamp application. You do not have to go to the food stamp office to apply.

CHANGES TO REPORT



WHERE YOU LIVE—You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.



HOW YOU LIVE—You must report to Social Security:

- If someone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- If your former spouse dies.
- Births and deaths of any people with whom you live.
- Changes in your marital status:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
 - Your spouse dies.



INCOME—You must report to Social Security if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.
- You become eligible for benefits other than SSI.



HELP YOU GET FROM OTHERS—You must report to Social Security if:

- The amount of help (money, food, clothing, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.



THINGS OF VALUE THAT YOU OWN—You must report to Social Security if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.



YOU ARE BLIND OR DISABLED—You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.



YOU ARE UNMARRIED AND UNDER AGE 22—A report to Social Security must be made if:

- You are under age 18 and live with your parent(s), ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- You get married.
- There are changes in the income, school attendance (if between the ages of 18 and 21), or marital status of ineligible children who live in your household.
- You start or stop school.



YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES—You must report any changes to Social Security.



YOU ARE A REPRESENTATIVE PAYEE—You must report to Social Security if:

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as the person's representative payee.