

## STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

CLAIMANT'S/RECIPIENT'S/BENEFICIARY'S NAME

SOCIAL SECURITY NUMBER

NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE

NAME OF PERSON MAKING THIS STATEMENT

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

**PART I—MONTHLY HOUSEHOLD EXPENSES**

For household expenses that change from month to month, show the **average** (BOLD "average") monthly amount of money your household has spent per month on the expenses listed for the period \_\_\_\_\_ through \_\_\_\_\_.

But ~~for~~ for the household expenses that are usually the same from month to month (like rent), show the amount your household ~~paid~~ spent per month as of \_\_\_\_\_.

Write "0" under amount if your household has not spent any money for one of the expenses.

ITEM HOUSEHOLD EXPENSES	MONTHLY AMOUNT SPENT
1. Food ( <i>Do not</i> include food bought with food stamps.)	\$
2. Rent or Mortgage Payment	\$
3. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	\$
4. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	\$
5. Electricity	\$
6. Gas	\$
7. Heating fuel (wood, coal, oil, kerosene, etc.)	\$
8. Water	\$
9. Sewerage	\$
10. Garbage Removal	\$

**PART II—CONTRIBUTIONS TO HOUSEHOLD EXPENSES**

In the spaces below, show the amount of money the person(s) named gave for the household expenses listed in Part I. Provide your answer for the blocks we have checked

NAME	<input type="checkbox"/> AVERAGE MONTHLY AMOUNT GIVEN	<input type="checkbox"/> AMOUNT GIVEN
	from _____ through _____	In _____
	\$	\$
	\$	\$
	\$	\$

**PART III—OTHER ARRANGEMENTS**

1.  Do(es) \_\_\_\_\_ eat every meal during the month some where else?  YES  NO

2.  Do(es) \_\_\_\_\_ buy all his/her/their own food with his/her/their own money?  YES  NO

3.  Do(es) \_\_\_\_\_ pay a certain amount just for household *food*?  YES\*  NO

\*If "yes" how much each month?

AMOUNT

NAME \$

NAME \$

NAME \$

4.  Do(es) \_\_\_\_\_ pay a certain amount for the household *shelter* expenses (The expenses other than food)?  YES\*  NO

\*If "yes" how much each month?

AMOUNT

NAME \$

NAME \$

NAME \$

**PART IV—REMARKS—Use this space for any additional explanations.**

I know that anyone who makes or causes to be made a false statement or representation of material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both. I affirm that all information I have given in this document is true.

**SIGNATURE**

Your signature (first name, middle initial, last name)

Date (Month, Day, Year)

Day Time Telephone No. (include Area Code)

**SIGN  
HERE →**

**WITNESSES**

If you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

1. SIGNATURE OF WITNESS

2. SIGNATURE OF WITNESS

ADDRESS (Number and Street)

ADDRESS (Number and Street)

CITY, STATE, AND ZIP CODE

CITY, STATE, AND ZIP CODE

## PAPERWORK Reduction Act Statement

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

### TIME IT TAKES TO COMPLETE THIS FORM

*See Revised PRA, Attached*

We estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

### PRIVACY ACT/~~PAPERWORK REDUCTION~~ NOTICE

Section 1634(e)(1) of the Social Security Act authorizes us to collect the information requested on this form to decide if the individual(s) named can receive Supplemental Security Income (SSI) payments from us and, if so, how much. The individual or the individual's representative has given permission to us to obtain this information. You do not have to give us this information but if you do not, it may adversely affect the individual's eligibility for or the amount of SSI.

The information on this form may be disclosed without your consent (1) to comply with a Federal law requiring the release of information from our records, or (2) to an agency needing this information to decide if the individual(s) named is (are) eligible for a health or income-maintenance program such as SSI State supplemental payments, food stamps, Medicaid, energy assistance, or unemployment insurance. Information about other disclosures of this information are published in the *Federal Register* and is available in local Social Security Offices.

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 to 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.

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**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 15 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.*