

**SOCIAL SECURITY ADMINISTRATION**  
**Supplemental Security Income**

Form Approved  
OMB 0960-0471

**Real Property Current Market Value Estimate**

**Office Hours:**

**Date:**

**Dear**

**The Social Security Administration, administers the supplemental security income (SSI) program which makes cash payments to people who are aged, blind, or disabled and have only limited income and assets. To ensure payments are made only to eligible persons, we are required by law to verify information given to us by applicants and recipients. We sometimes contact local knowledgeable sources to verify allegations concerning real property values.**

**Please complete this form, and return it to SSA in the enclosed postage-paid envelope. Experience has shown that this kind of verification is directly responsible for reducing the number of incorrect payments to persons whose resources exceed the limit allowed by law. If you have any questions concerning completion of this form, please feel free to call me at . Thank you.**

**SSA Representative**

**REAL PROPERTY CURRENT  
MARKET VALUE ESTIMATE**

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

**PAPERWORK/PRIVACY ACT NOTICE:** This request is authorized by Section 1631(e) of the Social Security Act as amended (42 U.S.C. 1383(e)). The Social Security Administration needs the information requested on this form to ensure that an individual's eligibility for benefits is correctly established. Completion of this form is voluntary, however, failure to provide all or part of the information requested could prevent an accurate and timely decision concerning the individual's eligibility for benefits. The information you furnish on this form may be disclosed without your consent (1) to comply with Federal laws requiring the release of information from our records. or (2) to an agency needing this information to decide if the individual is eligible for a health or income program such as SSI State supplementary payments, food stamps, Medicaid. energy assistance, Veterans benefits railroad unemployment insurance, or Basic Educational Opportunity Grants. Other disclosures of this information are published in the Federal Register; a list is available in local Social Security offices.

**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. We estimate that it will take you about 20 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.

**PART A CLAIMANT/RECIPIENT INFORMATION**

This section provides important information about the property on which we are requesting a current market value estimate. Note the time period for which the estimate is requested.

DESCRIPTION OF PROPERTY (include type and size of structures and acreage or lot size)

ADDRESS/LOCATION

CONDITION

CURRENT ASSESSED VALUE  
(If Available)

DATE ASSESSMENT ISSUED  
(If Available)

ESTIMATE REQUESTED

FROM

TO

**PART B APPRAISER/ESTIMATOR'S INFORMATION**

Please complete the identifying information on the first two lines.

Based on the information in Part A and any other information that you may have available (Records of prior sales, current property sale listings, personal knowledge, etc.) provide an estimate of the property's value.

**SIGN AND DATE THE FORM BELOW**

NAME (Please Print)

TITLE

ADDRESS

TELEPHONE  
( )

ESTIMATED MARKET VALUE FOR PERIOD REQUESTED \$

ADDITIONAL REMARKS

SIGNATURE

DATE