

STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS

NAME AND ADDRESS

DRDP:
RUN:
JD:
STC:
WI:
TPI:
FLA:
PROFILE:
DOC:
CFL:
HUN:
FUN:
TMR:
TEL:
LANGPREF:

RETURN THIS FORM WITHIN 30 DAYS FROM RECEIPT

PRINT ANSWERS LIKE THIS ►

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Yes No

PRINT DATES LIKE THIS ►

Month		Day		Year					
0	4	/	0	1	/	2	0	0	6

OR LIKE THIS ►

If the mailing address shown above is not correct, provide the correct mailing address

(Number, Street, City, State, and Zip Code): None-N/A

Street: _____ Apartment No. _____

City: _____ State: _____ Zip Code:

YOUR SOCIAL SECURITY NUMBER (SSN): {Pre-Printed}

SPOUSE'S NAME: {Pre-Printed}

SOCIAL SECURITY NUMBER (SSN): {Pre-Printed}

BECAUSE YOU ARE THE REPRESENTATIVE PAYEE, YOU MUST ANSWER THE FOLLOWING QUESTIONS AS IF {recipient's name} WERE COMPLETING THE FORM.

1. What is your current marital status?
- Married living with Spouse
 Married **NOT** living with Spouse
 Single
 Divorced
 Widowed

Does this represent a change in your marital status since {Pre-Printed}? Yes No

If the answer to the question is "no," go to Question 2.

If the answer to the question is "yes," please give the date that your marital status changed.

(Month/Year) /

2. Since {Pre-Printed}, has anyone moved into or out of your residence? (include births and deaths) Yes No
If the answer is "yes," complete the information below:

a. Name: _____ None-N/A
Relationship: Spouse Mother Father Child Other Relative Other _____
Date Moved In / / Date Moved Out / /

b. Name: _____ None-N/A
Relationship: Spouse Mother Father Child Other Relative Other _____
Date Moved In / / Date Moved Out / /

c. Name: _____ None-N/A
Relationship: Spouse Mother Father Child Other Relative Other _____
Date Moved In / / Date Moved Out / /

3. Since {Pre-Printed}, have you lived at a different address? Yes No

If the answer to the question is "yes," give the new address:
ADDRESS (Number, Street, City, State, and Zip Code): None-N/A
Street: _____ Apartment No. _____

City: _____ State: _____ Zip Code:
Date You Moved (Month/Year) /

4. Does anyone live in the same household with you? Yes No
If "yes," list all the people who live in the same household with you.

a. Name: _____ None-N/A
Relationship: Spouse Mother Father Child Other Relative Other _____
Date of Birth / / Social Security Number --

b. Name: _____ None-N/A
Relationship: Spouse Mother Father Child Other Relative Other _____
Date of Birth / / Social Security Number --

c. Name: _____ None-N/A
 Relationship: Spouse Mother Father Child Other Relative Other _____
 Date of Birth / / Social Security Number - -

d. Name: _____ None-N/A
 Relationship: Spouse Mother Father Child Other Relative Other _____
 Date of Birth / / Social Security Number - -

e. Name: _____ None-N/A
 Relationship: Spouse Mother Father Child Other Relative Other _____
 Date of Birth / / Social Security Number - -

If you need more space use the REMARKS Section on page 10.

5. Do **all** of the people who live with you receive public assistance payments? Yes No
 (For example: welfare, VA pension, general assistance, and SSI.)

6. Since {Pre-Printed}, did anyone who was **NOT LIVING WITH YOU**: Yes No

- Give you a free place to live? _____
- Help you pay the mortgage, rent, property insurance, property taxes, and/or sewer charges? _____
- Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service? _____
- Give you any other financial help? _____

If the answer to **all 4 of the questions** is “no,” go to Question 7.
 If the answer to **any of the 4 questions** is “yes,” please explain assistance received:

7. Since {Pre-Printed}, have you or your spouse living with you been in a hospital, nursing home, jail or prison, or other institution for a full calendar month or longer? (A “full calendar month” means, for example, from December 1 through December 31.) Yes No

If the answer to the question is “no,” go to Question 8.
 If the answer to the question is “yes”, please give:

You	Your Spouse	Date Entered (Month/Day/Year)	Date Discharged (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>
		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Jail <input type="checkbox"/> Other Institution _____ <input type="checkbox"/> None-N/A Name and Address of Institution: _____ _____	

8. Since {Pre-Printed}, have you or your spouse living with you been outside the United States (the 50 States, District of Columbia, and the Northern Mariana Islands) for more than 30 days in a row? Yes No

If the answer to the question is “no,” go to Question 9.

If the answer to the question is “yes,” please give:

You	Your Spouse	Date(s) Left (Month/Day/Year)	Date(s) Returned (Month/Day/Year)	Where Did You OR Your Spouse, Go?
<input type="checkbox"/>	<input type="checkbox"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	a. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	b. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	c. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	d. <input type="text"/> / <input type="text"/> / <input type="text"/>	_____ N/A <input type="checkbox"/>

9. **Yes No**

➤ Since {Pre-Printed}, have you or your spouse living with you worked? —————→

➤ Are you or your spouse living with you currently working? —————→

➤ Do you or your spouse living with you expect to work in the next 14 months? —————→

If the answer to **all 3 of the questions** is “no,” go to question 10.

If the answer to **any of the 3 questions** is “yes,” please complete the following:

Example: If you have \$600, it would be printed \$, .
like this. SHOW DOLLARS ONLY

You	Your Spouse	Name of Employer/ Address	Gross Wages (Before Any Deductions)	Dates of Employment (Month/Day/Year)
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	Amount: \$ <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> To: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

➤ Are you a student? **Yes No**

Birth Date: {Pre-Printed}

10. Since {Pre-Printed}, have you or your spouse living with you been self-employed or do you or your spouse living with you expect to be self-employed in the current taxable year? **Yes No**

If the answer to the question is “no,” go to Question 11.

If the answer to the question is “yes,” please give:

	You	N/A <input type="checkbox"/>	Your Spouse	N/A <input type="checkbox"/>
Type of Business	_____		_____	
Total Gross Income for Last Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Net Income for Last Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Estimated Gross Income for this Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	
Estimated Net Income for this Year	\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .		\$ <input type="checkbox"/> <input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .	

11. Since {Pre-Printed}, 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: **Yes** **No**
- A. Private pensions or annuities (do not include Social Security, SSI, or food stamps)? →
 - B. Unemployment or worker's compensation? →
 - C. Welfare or State or local assistance based on need? →
 - D. Veterans Administration benefits (based on need, not based on need, education)? →
 - E. Railroad Board, Black Lung, Military or Civil Service pensions? →
 - F. Rental/lease income? →
 - G. Alimony or child support? →
 - H. Dividends or royalties? →
 - I. Interest earned on money in bank accounts (including interest in checking account)? →
 - J. Money from a trust fund? →
 - K. Money from any other person or organization? →
 - L. Any other income not included above? →

If the answer to **all 12 of the questions** is "no," go to Question 12.

If the answer to **any of the 12 questions** is "yes," tell us about that item. Please give:

Type of Income (choose from letters above)	Received by		Amount/How Often (use whole dollars)	Dates Received or Expected	Source (Name/Address of Person, Bank, Company or Organization)
	You	Your Spouse			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>

Question continues on the next page

Type of Income <small>(choose from letters above)</small>	Received by		Amount / How Often	Dates Received or Expected	Source <small>(Name/Address of Person, Bank, Company or Organization)</small>
	You	Your Spouse			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="checkbox"/> Weekly <input type="checkbox"/> BiWeekly <input type="checkbox"/> Monthly	From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	N/A <input type="checkbox"/>

12.	Do you or your spouse living with you have your SSI check sent directly to a bank or other financial institution? (This is known as "Direct Deposit")	You: Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
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13.	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 for any of these items:	Yes		No
	A. Cash (with you, at home, or in a safe deposit box)? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	B. Checking or savings accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	C. Money market accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	D. Credit union accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	E. Christmas club accounts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	F. Savings certificates/certificates of deposit? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	G. Promissory notes or IOU's? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	H. Stocks, bonds or U.S. Savings Bonds? _____ →	<input type="checkbox"/>		<input type="checkbox"/>
	I. Trusts? _____ →	<input type="checkbox"/>		<input type="checkbox"/>

If the answer to **all 9 of the questions** is “no,” go to Question 14.
 If the answer to **any of the 9 questions** is “yes,” please give:

Name of Each Item (choose from letters above)	Owner or Co-Owner			Total Value of Each	Name and Address of Bank, Company or Organization
	You	Your Spouse	Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .	N/A <input type="checkbox"/>
				Account Number:	<input type="text"/>

14. Do you or your spouse living with you own, or partially 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, and life estates. Do not include the home you live in.**) Yes No

If the answer to the question is “no,” go to Question 15.
 If the answer to the question is “yes,” please give:

Owner or Co-Owner	Estimated Current Market Value	Tax Assessed Value, if known	Amount of Mortgage Payment, if any	Amount Owed on this Property
You Your Spouse Other				
<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .
<input type="checkbox"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .	\$ <input type="text"/> , <input type="text"/> <input type="text"/> .

Description (Include type and size of structures, acreage or lot size, and location of property) N/A

Use (Describe how the property is used. If not in use, give date of last use and next planned use.) N/A

15. Since {Pre-Printed}, have you or your spouse living with you had any change in health insurance coverage or other insurance that pays for medical bills? **You: Yes No** **Your Spouse: Yes No** (Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.) If the answer to the question is "no," go to Question 16. If the answer to the question is "yes," please explain: None-N/A

16. a. Are you age 62 or older? b. If you are age 50 or older, are you a widow(er)? c. If you are age 50 or older and divorced, is your divorced spouse deceased? d. Were you disabled before age 22? e. Do you have a parent who is age 62 or older, disabled, or deceased? **You: Yes No** **Your Spouse: Yes No**

17. a. Which language do you prefer to use when speaking to us? English Spanish Other (write in name of language): b. Which language do you prefer that we use to write to you? English Spanish Other (write in name of language):

WE ARE REQUIRED BY LAW TO ASK THE FOLLOWING QUESTIONS OF ALL SSI RECIPIENTS

18.	a. Do you have any unsatisfied felony warrants for your arrest?	You: Yes No <input type="checkbox"/> <input type="checkbox"/>	Your Spouse: Yes No <input type="checkbox"/> <input type="checkbox"/>
	b. In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
	c. Was the warrant satisfied?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
	d. Date warrant satisfied	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

19.	a. Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
	b. In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
	c. Was the warrant satisfied?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
	d. Date warrant satisfied	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

20.	a. Since {Pre-Printed}, have you or your spouse living with you sold, transferred title, disposed of or given away any property including property in foreign countries?	Yes No <input type="checkbox"/> <input type="checkbox"/>
	b. Since {Pre-Printed}, have you or your spouse living with you disposed of or given away any money? If money was given away, please give amount: \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .	Yes No <input type="checkbox"/> <input type="checkbox"/>

REMARKS: _____

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 & Telephone Number (Where you can be reached)

() - None

Spouse's Signature (First name, middle initial, last name) (Sign only if spouse is also 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 and Zip Code)

Address (Number, Street, City, State and Zip Code)

REPRESENTATIVE PAYEE (Write in ink)

If you are the Representative Payee and are filing this statement on behalf of another person give:

Your Full Name (First name, middle initial, last name)

Your Title or Relationship to the Recipient

Address (Number, Street, City, State, and Zip Code)

Your Social Security Number

- -

Area Code & Telephone Number (Where you can be reached)

() - None

FOR SSA USE ONLY

WBD0C WBD0C1 WBD0C2 WBD0C3 FO UND FO1 DEC FO2 FO3