

REPORTING EVENTS - SSI
USE THIS FORM ONLY WHEN THERE IS A CHANGE TO REPORT

PRINT NAME OF PERSON (OR COUPLE) THAT THIS REPORT IS ABOUT

NAME ▶ _____	SOCIAL SECURITY NUMBER ▶ _____
NAME ▶ _____	SOCIAL SECURITY NUMBER ▶ _____
▶ DOES THIS PERSON(S) ALSO RECEIVE SOCIAL SECURITY (GREEN) CHECKS? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTE: CHECK AND COMPLETE ONLY ITEMS THAT HAVE BEEN CHANGED SINCE YOU LAST REPORTED TO SOCIAL SECURITY.
Check the blocks below to tell about changes for Yourself or Someone You Live With.

CHANGE OF ADDRESS (OR LIVING ARRANGEMENTS)	DATE OF CHANGE
<input type="checkbox"/> Moved or changed address or will move soon. (Print new address at bottom of form.)	Date
<input type="checkbox"/> Entered or left at an institution (such as a hospital, nursing home, jail or other facility -- Print new address at bottom of form.)	Date
<input type="checkbox"/> The number of people living in the same household as you has changed (or will soon)	Date
<input type="checkbox"/> Leaving the United States for 30 days or more.	Date
CHANGE IN INCOME	
<input type="checkbox"/> Change in earnings from work (or a job recently started or ended)	Date
<input type="checkbox"/> Received increase or decrease in pension, veteran's check, unemployment, railroad, or other payment	Date
<input type="checkbox"/> Getting more or less other income (such as someone else paying your bills, support payments, interest, dividends, gifts, inheritances, etc.)	Date
CHANGE IN RESOURCES	
<input type="checkbox"/> Have recently gotten a house, car, or other expensive item	Date
<input type="checkbox"/> No longer have a house, car, or other expensive item	Date
<input type="checkbox"/> Name has been added to another person's bank account, stocks, or bonds	Date
CHANGES AFFECTING DISABLED OR BLIND RECIPIENTS	
<input type="checkbox"/> Disabled or blind - condition improved.....	Date
OTHER CHANGES	
<input type="checkbox"/> Marriage, separation, divorce, annulment	Date
<input type="checkbox"/> Under age 22 - change in school attendance	Date
<input type="checkbox"/> Death	Date
<input type="checkbox"/> Fleeing prosecution, or to avoid custody, or confinement after conviction, a crime, or an attempt to commit a crime, which is a felony.	Date
<input type="checkbox"/> Violating a condition of your parole or probation under Federal or State law. ...	Date

FOLD THIS GUMMED FLAP

REMEMBER TO REPORT CHANGES FOR BOTH YOURSELF AND ANYONE YOU LIVE WITH

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.

SIGN YOUR NAME ▶ _____	DATE SIGNED
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NUMBER AND STREET APARTMENT NO. , P O BOX OR RURAL ROUTE (Print)

CITY AND STATE	ZIP CODE	COUNTY (If any)	TELEPHONE NUMBER (if any)
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▶ **ALTHOUGH I LIVE AT THE ABOVE ADDRESS, I WANT CHECKS SENT TO:**

NUMBER AND STREET APARTMENT NO. , P O BOX OR RURAL ROUTE

CITY AND STATE	ZIP CODE
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HOW TO REPORT

There are three ways to report:

1. Phone Social Security and explain the change.

Tel No. _____
of District Office

2. Visit Social Security.

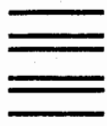
3. Mail this form to Social Security. Make sure you fill in:

- **Name** of person(s) the report is about
- **Social Security Number** of persons(s)
- Whether person(s) also receives **social security** (green) checks
- **What** is being reported and **date** of change
- Your **signature** and **address**

If you mail your report, please use this reporting form, address it to the nearest Social Security Office and place the form in the mailbox. No postage is necessary.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 18452 WASHINGTON, DC
POSTAGE WILL BE PAID BY SOCIAL SECURITY ADMINISTRATION

IMPORTANT TO REPORT

The law * requires you to report changes in your circumstances which could affect your Supplemental Security Income (SSI) payment. The kinds of changes you must report to Social Security are listed on the inside of this form (open flaps). The booklet "What you have to know about SSI," tells more about reporting changes. If you do not have this booklet or if you need help in making a report, get in touch with any Social Security Office. The people there will be glad to help you.

FAILURE TO REPORT

Your SSI payment may be reduced by up to \$100 for each failure to report a change affecting your SSI payment. You are also subject to a fine or imprisonment or both.

INFORMATION CONFIDENTIAL

The information you give us on this form will be used to determine if you are still eligible for SSI payments and to make sure the amount of your SSI check is correct. Under certain limited conditions authorized by law or regulation, Social Security may disclose this information to another individual or government agency in order to:

- verify information you have given us about your eligibility to payment;
- facilitate our statistical research and audit activities;
- obey Federal laws which require us to exchange certain information with another agency such as the State Welfare Departments or their use in determining eligibility for Medicaid or social services.

* Section 1631 (e) of the Social Security Act, as amended (42 United States Code 1383).

NO POSTAGE IS NEEDED.

After you have filled in the change(s) you want to report, seal the flap on form, AND MAIL TO THE NEAREST SOCIAL SECURITY OFFICE.

Open flaps of this form and read how to fill out this form.

Use this form ONLY when there is a change to report to Social Security.

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 complete this mailer unless we display a valid Office of Management and Budget control number. We estimate that it will take 5 minutes to complete this collection. Send only comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.