

**STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY
FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS**

~~PRIVACY ACT/PAPERWORK ACT NOTICE: I understand that my response is voluntary but : (1) that the information requested below is needed to determine my continuing eligibility to Supplemental Security Income and/or State supplementary payments and may result in an adjustment of my payment; (2) that this information may be used in determining my eligibility for State Medicaid or Social Services; and (3) that no further benefits can be paid under the Supplemental Security Income/or State Supplemental programs unless this form is completed and filed as required by existing law and regulations (section 1611(c) of the Social Security Act and regulations 20 CFR 416.204). The routine uses for the information obtained are fully explained and published annually in The Federal Register. The Social Security Administration will further explain these uses upon request.~~

↑
*See ATTACHED Revised
PRA STATEMENT.*

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

RETURN THIS FORM WITHIN 30 DAYS

SOCIAL SECURITY NUMBER (SSN)	HUSBAND'S/WIFE'S NAME
	HUSBAND'S/WIFE'S SOCIAL SECURITY NUMBER

IF YOUR NAME AND ADDRESS SHOWN ABOVE ARE NOT CORRECT, CROSS OUT THE PART THAT IS WRONG AND WRITE IN THE CORRECT INFORMATION

I understand that the Social Security Administration will also compare its records with records from other State and/or Federal agencies to make sure I am paid the correct amount.

PRINT ANSWERS LIKE THIS

0	1	2	3	4	5	6	7	8	9
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OR LIKE THIS

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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1.	Since _____, have you moved to a new address? If "YES", please give:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	NEW ADDRESS NONE - N/A	DATE(S) YOU MOVED Month Day Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
2.	Since _____, have you spent a full calendar month in a hospital, nursing home, other institution or any place other than where you live? (Include trips outside the U.S.). If "yes" were you in: If "YES", please give:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Hospital Nursing Home Institution Outside U.S. Other _____		
	DATE(S) ENTERED Month Day Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	DATES(S) LEFT Month Day Year <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
	NAME(S) AND ADDRESS(ES) OF INSTITUTION(S) NONE - N/A		

3.	Since _____, has anyone moved into or out of the place where you live? (also report births and deaths)	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
	If "YES", explain _____		
4.	Since _____, have you (or your spouse living with you) earned money from work?	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
5.	Since _____, has anyone NOT LIVING WITH YOU given you any money or helped pay your bills?	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
	IF "YES", WHAT KIND OF HELP	NONE - N/A	HOW OFTEN DID YOU RECEIVE THIS HELP?
6.	Since _____, have you (or your spouse living with you) received support payments, rental income, or any other money payments OR received a private pension or annuity from a Federal, State, or Local Government? (DO NOT INCLUDE: Social Security, SSI, Welfare, Food Stamps, VA or Railroad Benefits.)	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
	IF "YES", WHAT WAS RECEIVED? INTEREST INCOME OTHER _____	NONE - N/A	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <p>Do not write in this space</p>
	PAYMENT AMOUNT \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	HOW OFTEN WAS THIS RECEIVED?	
	Example: For items 7, 8 and 9. If you have \$600, it would be printed like this. SHOW DOLLARS ONLY.	▶ \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	
7.	Do you (or your spouse living with you) have any savings OR checking account(s)? Include accounts where you have DIRECT DEPOSITS. If "YES", give name and address of all bank(s) or savings institution(s):	Yes ▶ <input type="checkbox"/>	
	NAME OF BANK NONE - N/A	ADDRESS OF BANK	ACCOUNT BALANCE \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
	NAME OF BANK NONE - N/A	ADDRESS OF BANK	ACCOUNT BALANCE \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
8.	Does your name (or the name of your spouse living with you) appear on any other savings OR checking account(s) that you DO NOT consider your own? Include accounts where you have DIRECT DEPOSITS. If "YES", give name and address of all bank(s) or savings institution(s):	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
	NAME OF BANK NONE - N/A	ADDRESS OF BANK	ACCOUNT BALANCE \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
	NAME OF BANK NONE - N/A	ADDRESS OF BANK	ACCOUNT BALANCE \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
9.	OTHER THAN your checking or savings account(s), do you (or your spouse living with you) have any other money? (Examples: cash at home, stocks, bonds, notes, certificates of deposit.)	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>
	IF "YES" LIST WHAT YOU HAVE CASH STOCKS BONDS NOTES CD's OTHER _____	NONE - N/A	GIVE VALUE \$ <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> , <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
10.	Do you (or your spouse living with you) own or partly own any land or buildings where YOU DO NOT LIVE? (Including inherited property and any real estate with your name on the deed or mortgage NOT counting the place where you live.)	Yes ▶ <input type="checkbox"/>	No <input type="checkbox"/>

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11.	Since _____, have you sold, transferred any title, disposed of or given away any money, or other property, including money or property in foreign countries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Since _____, 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.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13a.	Are you or your spouse living with you age 62 or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13b.	If you are age 50 or older, are you a widow(er)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13c.	If you are age 50 or older and divorced, is your divorced spouse deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13d.	If you were disabled before age 22, do you have a parent who is age 62 or older or disabled, or deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14a.	Which language do you prefer to use when speaking to us? English Spanish Other (write in name of language) _____		
14b.	Which language do you prefer us to use when writing to you? English Spanish Other (write in name of language) _____		
		You	Your Spouse, if filing
15a.	Do you have any unsatisfied felony warrants for your arrest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15b.	In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
15c.	Was the warrant satisfied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15d.	Date warrant satisfied:	Month Day Year <input type="text"/> / <input type="text"/> / <input type="text"/>	Month Day Year <input type="text"/> / <input type="text"/> / <input type="text"/>
16a.	Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16b.	In which state or country was the warrant issued?	Name of State/Country	Name of State/Country
16c.	Was the warrant satisfied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16d.	Date warrant satisfied:	Month Day Year <input type="text"/> / <input type="text"/> / <input type="text"/>	Month Day Year <input type="text"/> / <input type="text"/> / <input type="text"/>

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I understand that the Social Security Administration will also compare its records with records from other State and Federal agencies to make sure I am paid the correct amount.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or 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.

SIGNATURES

YOUR SIGNATURE (If you sign with an "X" have two people witness below.)

DATE

SIGN HERE ►

HUSBAND'S OR WIFE'S SIGNATURE

PHONE NUMBER AT WHICH YOU CAN BE REACHED (Include area code)

SIGN HERE ►

WITNESSES

YOUR STATEMENT DOES NOT ORDINARILY HAVE TO BE WITNESSED. IF, HOWEVER, YOU HAVE SIGNED BY MARK (X), TWO WITNESSES TO THE SIGNING WHO KNOW YOU MUST SIGN BELOW, GIVING THEIR FULL ADDRESS.

1. SIGNATURE OF WITNESS

2. SIGNATURE OF WITNESS

ADDRESS

ADDRESS

IF YOU ARE THE REPRESENTATIVE PAYEE AND ARE FILING THIS STATEMENT ON BEHALF OF ANOTHER PERSON GIVE:

YOUR FULL NAME (PRINT)

DATE

AND

SIGN HERE ►

YOUR TITLE OR RELATIONSHIP TO RECIPIENT

PHONE NUMBER AT WHICH YOU CAN BE REACHED (Include area code)

FOR SSA USE ONLY

WBDOC

WBDOC 1

WBDOC 2

WBDOC 3

FO

FO1

FO2

FO3