

## MARITAL RELATIONSHIP QUESTIONNAIRE

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

### PRIVACY ACT/PAPERWORK ACT:

The Social Security Administration (SSA) is authorized to collect the information on this questionnaire under section 1631(e) of the Social Security Act as amended (42 USC 1383 (e)). SSA will use the information on this form to help decide if you are eligible for SSI payments. Giving us the information on this form is voluntary. You do not have to do it, but you cannot get supplemental security income benefits unless you give us this information.

SSA may routinely give out the information on this form without your consent if:

1. An agency needs this information to decide if you are eligible for a health or income program such as SSI State Supplementary payments, Food Stamps, Medicaid, Energy Assistance, Veterans Benefits, or Basic Educational Opportunity Grants; or

2. A Federal law requires that we give out this information.

These and other reasons why information about you may be used or given out are explained in the *Federal Register*. If you would like more information about this, get in touch with any Social Security office.

NAME OF PERSON MAKING STATEMENT (If not Claimant)

Please answer the following questions  
as they relate to yourself and to



1. By what name or names are you known? \_\_\_\_\_

2. How do you introduce the other person to friends, relatives, or others? \_\_\_\_\_

3. How is mail addressed to you and the other person? \_\_\_\_\_

4. Are there any bills, installment contracts, tax returns, or other papers showing the two of you as husband and wife?

YES       NO

(If yes, explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the place where you live owned or rented by both of you or only by one?

Both       Only by one

If both, please furnish the names on the deed or lease.

\_\_\_\_\_

