

Refer to:

Office Address:

Phone:

Office Hours:

Dear \_\_\_\_\_ :

We need some information about money you provided to \_\_\_\_\_ .  He  She has authorized us to contact you concerning any funds you may have provided for  his  her use. This information will help us decide if this person is eligible to receive Supplemental Security Income and the amount of the payments. Your response is voluntary. However, if you do not respond, we may not be able to determine if  he  she is entitled to certain payments.

We are authorized to collect the information on the enclosed questionnaire under section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383 (e)). We will not give out any of the information you give us unless we are required to by law, or unless a Federal or State agency needs the information to decide whether \_\_\_\_\_ is entitled to some type of benefit. The Federal Register describes other situations when we might use this information. If you would like information about this, call us at the number listed above.

*See Revised PRA Attached*  
~~PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

Please fill out the attached questionnaire and return it to us in the enclosed postage paid envelope.

Thank you for your cooperation.

Sincerely yours

Manager

Enclosures

## STATEMENT OF FUNDS YOU PROVIDED TO ANOTHER

The information below refers to: Name of Claimant _____		SSN _____
1. How much money did you provide to _____ \$ _____ (Name of individual)	2. When did you provide money to the person named above? _____ (Month/Year)	
3. Do you expect _____ to pay this money back to you? (Name of individual) <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", stop here. Sign and date the end of the questionnaire.		
4. Have you received any payments? <input type="checkbox"/> Yes If "yes", when did you receive the first payment? _____ (Month/Year) <input type="checkbox"/> No If "no", when will payments begin? _____ (Month/Year)		
5. How much are the payments? \$ _____	6. How often do you receive payments?	
7. Did _____ promise to give up any property if he/she does not keep up the payments? (Name of individual) <input type="checkbox"/> Yes If "yes", what? _____ <input type="checkbox"/> No		
8. Are you charging interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", stop here. Sign and date the end of the questionnaire.		
9. How much is the interest payment? \$ _____	10. How often do you receive an interest payment?	

Remarks:

I know that giving false information on this statement is a crime punishable under Federal and/or State law. All of the information I have given is true.

Signature _____	Date _____
Mailing Address _____	Telephone Number (Include area code) _____