

STATEMENT OF FUNDS YOU RECEIVED

We need information from you about the money you received from: _____

Privacy Act Statement

Collection of this information is authorized by section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). This information will help us decide if you are eligible to receive Supplemental Security Income (SSI) and the amount of the payments. Your response is voluntary, but we cannot decide if you will get SSI payments without it.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

See Revised Privacy Act Statement

PAPERWORK REDUCTION ACT STATEMENT

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

See Revised Paperwork Reduction Act Statement

Information below refers to: Name of Claimant	SSN
Name of Person Making Statement if Other Than Claimant	Relationship to Claimant

1. Name and address of person who gave you money	2. How much money was given to you? \$ _____	3. When did you receive the money? _____ (Month/Year)
6. How much are your payments? \$ _____	7. How often do you make a payment?	4. Do you intend to repay this money? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, stop here. Sign and date the end of the questionnaire.
		5. Have you started to repay the money? <input type="checkbox"/> Yes When? _____ (Month/Year) <input type="checkbox"/> No When will you start? _____ (Month/Year)
		8. Did you promise to give up any property if you do not keep up your payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", what did you promise?

9. What do you plan to use to repay this money? (For example, income from work, SSI, Social Security payments.)

10. Do you now pay interest or will you pay interest in the future?
 No If "no", stop here. Sign and date the end of the questionnaire.
 Yes If "yes", answer questions 11 and 12.

11. How much interest do you pay? \$ _____	12. How often do you make interest payments?
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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)

The following revised Privacy Act Statement will be inserted into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine eligibility to receive Supplemental Security Income (SSI) and the amount of the payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information will prevent us from making a determination of your eligibility for SSI.

We rarely use the information you supply for any purpose other than for determining eligibility. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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 answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*