

STATEMENT OF LIVING ARRANGEMENTS, IN-KIND SUPPORT AND MAINTENANCE

CLAIMANT'S/BENEFICIARY'S NAME (Print, first, middle initial, last)	CLAIMANT'S/RECIPIENT'S SOCIAL SECURITY NUMBER
CLAIMANT'S/BENEFICIARY'S SPOUSE'S NAME (Print if spouse applying or receiving benefits)	SPOUSE'S SOCIAL SECURITY NUMBER
DATE OF CHANGE OF LIVING SITUATION <i>(If applicable)</i>	TYPE OF CHANGE <i>(Change of residence, household composition, contribution amount, etc.)</i>

THIS SSA-8006-F4 COVERS THE PERIOD BEGINNING _____ THROUGH _____

PART I

Initial Claims: Complete Part I when a change in living arrangement occurs after claim is filed and claim is pending.
Posteligibility: Complete Part I when response(s) to questions on the SSA-8202 (short form Statement for Determining Continuing Eligibility for Supplemental Security Income Payments) require additional living arrangement development.

1.	CHECK THE BLOCKS WHICH BEST DESCRIBE YOUR LIVING ARRANGEMENTS		
A. I live (with):			
<input type="checkbox"/> Alone <input type="checkbox"/> Eligible spouse <input type="checkbox"/> Ineligible spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Essential person <input type="checkbox"/> Other people <input type="checkbox"/> Sponsor			
B. I live in a:			
<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Room (Commercial establishment) <input type="checkbox"/> Room (private home) <input type="checkbox"/> Mobile home <input type="checkbox"/> Other (specify)			
C. Total number of people in household (including yourself) _____ →			
2.	CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED.		
A. Do you (and/or your spouse, or deemor) own or are you (and/or your spouse, or deemor) buying the home you live in? If "yes", go to question 3.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Do you (and/or your spouse, or deemor) rent the place where you live? If "yes," go to D.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Does anyone who lives with you rent the place where you live? If "no," go to question 3.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Are you or anyone you live with related to the landlord (landlord's spouse)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", indicate relationship _____ →			
E. If you answered "yes" to B. or C., provide the following information:			
LANDLORD'S NAME		LANDLORD'S ADDRESS	
LANDLORD'S PHONE NUMBER	DATE RENTAL AGREEMENT BEGAN	MONTHLY RENTAL AMOUNT	
	month year	\$	

3. DOES ANY AGENCY, ORGANIZATION OR ANYONE WHO DOES NOT LIVE WITH YOU PAY, OR HELP YOU PAY FOR ANY OF THE FOLLOWING ITEMS: FOOD, RENT, HOME MORTGAGE PAYMENTS, PROPERTY INSURANCE (IF REQUIRED BY MORTGAGE HOLDER), REAL PROPERTY TAXES, HEATING FUEL, GAS, ELECTRICITY, GARBAGE REMOVAL, WATER AND/OR SEWER BILLS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If "yes," please provide the following information about each item you receive, then go to question 4.

ITEM	NAME, ADDRESS AND TELEPHONE NUMBER OF CONTRIBUTOR			FREQUENCY OF PAYMENT	IN CASH	IN KIND	DOLLAR VALUE
	NAME	ADDRESS	TELEPHONE NUMBER				

4. IF YOU DO NOT LIVE WITH OTHERS, SKIP TO PART III. IF YOU LIVE WITH OTHERS, DO ALL THE OTHER HOUSEHOLD MEMBERS RECEIVE SOME TYPE OF PUBLIC PAYMENT BASED ON NEED (e.g., TANF, BIA, SSI, VA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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IF "Yes," indicate from which agency, then go to Part III.
 IF "No," go to Part II. →

AGENCY NAME

PART II

Complete Part II when individual lives with at least one person other than, or in addition to, spouse, child(ren), or person whose income may be deemed to the individual.

1. CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS OR PROVIDE THE INFORMATION REQUESTED.

A. Do you eat all your meals out? If "Yes," go to C. If "No," go to B.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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B. Do you buy all your food separately from other household members?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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C. How much is your average cash contribution per month toward the household expenses listed in 4. below. →	\$ _____
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D. Do you have an agreement to pay back the people you live with for your share of the household expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2. IF YOU OR YOUR SPOUSE OWN OR RENT, SHOW THE TOTAL MONTHLY CASH CONTRIBUTIONS FROM OTHERS WITH WHOM YOU LIVE:	\$ _____
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3. CHECK 'YES' OR 'NO' TO THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED ONLY IF YOU ANSWERED 'NO' TO BOTH QUESTIONS 1.A. AND 1.B. AND YOU DO NOT OWN OR RENT THE PLACE WHERE YOU LIVE.	
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A. Is part or all of the amount in question 1.C. just for food? →	<input type="checkbox"/> YES <input type="checkbox"/> NO HOW MUCH? \$ _____
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B. Is part or all of the amount in question 1.C. just for shelter? →	<input type="checkbox"/> YES <input type="checkbox"/> NO HOW MUCH? \$ _____
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4. WHAT IS THE AVERAGE MONTHLY AMOUNT OF THE FOLLOWING HOUSEHOLD CASH EXPENSES FOR THE PERIODS INDICATED?

CASH EXPENSES	FROM	THROUGH	FROM	THROUGH	FROM	THROUGH
Food (Complete only if both 1.A. and 1.B. above are answered "no")	\$		\$		\$	
Mortgage or rent						
Property insurance (if required by mortgageholder)						
Real property taxes						
Heating fuel						
Electricity						
Gas						
Water						
Sewer						
Garbage removal						
Total	\$		\$		\$	

REMARKS: You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed SSA-795.

COMPUTER MATCHING STATEMENT: 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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

~~**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. To find the nearest office, call 1-800-772-1213 (TTY 1-800-325-0778). Send only comments relating to our time estimate above to: SSA, 6401- Security Blvd., Baltimore, MD 21235-6401.**~~

See Revised Paperwork Reduction Act Statement

PART III

YOUR RESPONSIBILITIES: Anyone who knowingly and willfully 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.

Do you understand that the information provided is subject to verification and do you authorize sources to release to the Social Security Administration information needed to verify your statements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that if there is any change in the information you have provided on this statement that you must report it to the Social Security Administration because your eligibility or benefit amount could be affected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that failure to report any change could result in a penalty to you of \$25 to \$100 if the report is not made within 10 days after the end of the month in which the change occurred?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you affirm that all the information you gave in this document or in support of it is true?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



**COLLECTION AND USE OF INFORMATION FROM YOUR STATEMENT OF LIVING ARRANGEMENTS
PRIVACY ACT NOTICE**

The Social Security Administration (SSA) is authorized to collect the information on this form under Sections 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383) (e). While it is not mandatory for you to furnish the information on this form to SSA, failure to provide all or part of the information could prevent an accurate and timely decision on your claim and could result in the loss of some payments. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

Although the information you furnish on this form is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental agency as follows: (1) to enable a third party or an agency to assist SSA in establishing rights to supplemental security income payments and (2) to comply with Federal laws requiring the release of information from SSA records (e.g., to the Veterans Administration) and 3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social programs (e.g., to the Bureau of the Census and private concerns under contract of SSA). **See Revised PA**

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.

SIGNATURES

YOUR SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME)(WRITE IN INK) SIGN HERE 	DATE (MONTH, DAY, YEAR)
SPOUSE'S SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME)(WRITE IN INK) SIGN HERE 	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE)

CITY AND STATE	ZIP CODE	ENTER NAME OF COUNTY (IF ANY)
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NOTE: If residence address is different from mailing address, show in "Remarks".

This 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 (NUMBER AND STREET, CITY, STATE AND ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP 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 your living arrangements.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent an accurate and timely decision on your claim, and could result in the loss of some payments.

We rarely use the information you supply for any purpose other than for determining your living arrangements. 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:

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