

**AGREEMENT TO SELL PROPERTY**

CLAIM NO.  
PARENT

**(DO NOT USE THIS SPACE)**

INDIVIDUAL

SPOUSE

PARENT

**(INFORMATION ABOUT EXCESS NONLIQUID RESOURCES)**

The Social Security Administration is authorized to collect the information on this form under section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). This agreement is needed to decide if an individual can receive Supplemental Security Income on a conditional basis. If this agreement is made by or with respect to an individual filing for or receiving SSI benefits, no benefits can be paid under this program unless this form is properly completed and filed as required by existing regulations (20 CFR 416.1240). If this agreement is made by and with respect to an individual who is not filing for or receiving benefits but whose resources affect the eligibility of another individual for benefits, this agreement is required by regulations (20 CFR 416.1240, 416.1202, 416.1203). This form is maintained in the claims folder to document the agreement. The routine use of the form and information are fully explained and published annually in the Federal Register. The Social Security Administration will further explain these uses upon request.

1. DESCRIPTION OF EACH RESOURCE IF REAL PROPERTY, SHOW ADDRESS OR LOCATION	NAMES OF OWNERS	NATURE AND PERCENTAGE OWNERSHIP OF EACH	ESTIMATED CURRENT MARKET VALUE	AMOUNT OWED ON RESOURCE IF ANY	ESTIMATED NET PROCEEDS OF SALE (AFTER SALES EXPENSES & ANY AMOUNT OWED)
2.					

**CONDITIONS OF AGREEMENT:** My (our) resources exceed the amount which an eligible individual (or eligible individual and spouse) may have and still qualify for payments under title XVI of the Social Security Act. I (we) hereby request that conditional payments be made to me (us) until I (we) can sell the above-described resources at their current market value. Once Social Security notifies me (us) that this agreement has been approved, I (we) agree to take all necessary and proper steps to sell the above-described resources and to actively continue my (our) efforts to do so until the resources are sold. I (we) agree to sell the above-described resources for the highest price I (we) can get and to do so within 3 months (6 months) of being notified that the agreement is approved. I (we) also agree to notify the Social Security Administration within 5 working days after I (we) complete the sale. I (we) further agree to repay immediately all payments I (we) have received that would not have been paid if I (we) had sold the above-described resources the day I (we) filed application for benefits. I (we) further understand that if I (we) fail to comply with the terms of this agreement, I (we) will be required to make immediate refund of all payments made. (Read the information on the back of this form.)

SIGNATURE	ADDRESS (Street and No.)	CITY, STATE AND ZIP CODE	DATE
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**IMPORTANT INFORMATION ABOUT THIS AGREEMENT**

**I. TIME LIMITS FOR SELLING PROPERTY**

The time limit during which you must sell the property is:

Real Property (Houses, Land, etc.) - 6 months from the date this agreement is approved

All Other Property - 3 months from the date this agreement is approved

Notify your Social Security office immediately if you find you are unable to sell the property within this time limit.

**II. CURRENT MARKET VALUE**

When you sign the other side of this form, you agree to sell the resources described there for their current market value. This means the highest amount you can get by offering it on the open market.

If you knowingly dispose of an agreed-upon resource for less than its current market value, the Social Security Administration will determine what the current market value was at the time of disposition and determine the amount of your overpayment accordingly.

**III. NOTIFYING YOUR SOCIAL SECURITY OFFICE**

Notify your Social Security office as soon as you sell the property. Also notify your Social Security office immediately if you encounter difficulty in selling the property or if you decide not to sell the property.

**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 complete this mailer unless we display a valid Office of Management and Budget control number. We estimate that it will take 10 minutes to complete this collection. Send only comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.