

STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

CLAIMANT'S / BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER
---------------------------------	------------------------

NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE

NAME OF PERSON MAKING THIS STATEMENT

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

PART I - MONTHLY HOUSEHOLD EXPENSES

For household expenses that change from month to month, show the **average** monthly amount of money your household has spent per month for the period _____ through _____ .

For the household expenses that are usually the same from month to month (like rent), show the amount your household spent per month as of _____ .

Write "0" under amount if your household has not spent any money for one of the expenses.

HOUSEHOLD EXPENSES	MONTHLY AMOUNT SPENT
1. Food (Do not include food bought with food stamps.)	\$
2. Rent or Mortgage Payment	\$
3. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	\$
4. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	\$
5. Electricity	\$
6. Gas	\$
7. Heating fuel (wood, coal, oil, kerosene, etc.)	\$
8. Water	\$
9. Sewerage	\$
10. Garbage Removal	\$

PART II-CONTRIBUTIONS TO HOUSEHOLD EXPENSES

In the spaces below, show the amount of money the person(s) names gave for the household expenses listed in Part I. Provide your answer for the blocks we have checked.

NAME	<input type="checkbox"/> AVERAGE MONTHLY AMOUNT GIVEN from _____ through _____	<input type="checkbox"/> AMOUNT GIVEN In _____
	\$	\$
	\$	\$
	\$	\$

PRIVACY ACT NOTICE

See Revised Privacy Act Statement

Section 1631(e)(1) of the Social Security Act authorizes us to collect the information requested on this form to decide if the individual(s) named can receive Supplemental Security Income (SSI) payments from us and, if so, how much. The individual or the individual's representative has given permission to us to obtain this information. You do not have to give us this information but if you do not, it may adversely affect the individual's eligibility for or amount of SSI.

The information collected on this form may be disclosed without your consent (1) to comply with a Federal law requiring the release of information from our records, or (2) to an agency needing this information to decide if the individual(s) named is (are) eligible for a health or income-maintenance program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. Information about other disclosures of this information is published in the Federal Register and is available in local Social Security offices.

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.

See Revised Paperwork Reduction Act Statement

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 15 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.**

SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:

Privacy Act Statement

Section 1631 (e)(1) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to enable the Social Security Administration (SSA) to determine your potential eligibility for benefit payments and to help us to decide if additional information is needed. Your response is voluntary. However, failure to provide this requested information may prevent an accurate and timely decision on any claim filed, or could result in the loss of benefits.

We rarely use the information provided on this form for any purpose other than for the reasons stated above. 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 routines 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 Medicare benefits 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 Veteran's Affairs);
- 3) To make determination 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 Medicare programs

We may also use the information you provide in computer matching programs. Matching programs compare our 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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Record Notice 60-0089 (Claims Folders Systems, Social Security Administration, Office of the General Counsel, Office of Public Disclosure). There is additional information in Systems of Record Notice 60-0103 (Supplemental Security Income Record and Special Veterans Benefits, SSA, Office of Systems, Office of Disability and Supplemental Security Income Systems). The Notices, additional information about this form, and any other information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at your local Social Security office.

SSA will insert the following revised PRA Statement 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 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.*