



## SOCIAL SECURITY

Refer to:

We need information from you about the property described on the attached page. The facts you provide will help us to decide whether \_\_\_\_\_ can receive payments from us, and if so, how much. The individual or the individual's representative has given permission for us to obtain this information.

Please answer the questions on the other side of this page. We will use your answers to decide who is responsible for payment of rent at the residence shown. We will also decide if the individual named above receives a rental subsidy. A rental subsidy can occur when someone pays less for his home than the landlord would charge other renters. If we decide that this person receives a rental subsidy, we might make lower payments or decide no payments are due.

The Social Security Administration (SSA) may routinely give out the information collected on this form without consent if a Federal law requires that we give out the information, or if a Federal or State agency needs the information to decide whether the individual named above is eligible for a health or income program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. 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.

IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL

ON TELEPHONE NUMBER

ON MONDAY THROUGH FRIDAY

BETWEEN THE HOURS OF

AND

We appreciate your cooperation in furnishing this information. For your convenience, we are enclosing a reply envelope requiring no postage.

Sincerely,

Enclosure

## PRIVACY ACT AND PAPERWORK ACT NOTICE

See Revised  
Privacy Act  
Statement

This notice informs us to notify you that we are authorized to collect this information by the Privacy Act. You do not have to provide the information requested. However, the data you provide will allow the Social Security Administration to decide whether this individual can receive payments from us, and if so, how much.

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 10 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

Are you the landlord for the residence at \_\_\_\_\_ ?

1.  Yes Go on to item 2.  
 No Complete item 6 below and return this form in the enclosed envelope.

Is \_\_\_\_\_ the person you hold responsible for payment of the rent for this residence?

2.  Yes  
 No

How much rent do you charge? \$ \_\_\_\_\_ per \_\_\_\_\_ (month or week)

3.


If someone other than \_\_\_\_\_ rented this residence, how much would you charge? \$ \_\_\_\_\_ per \_\_\_\_\_ (month or week)

4.

If the amount you wrote in Item 3 is less than the amount you wrote in Item 4, why do you charge less rent? (Explain)

5.

6.

Address	STREET			PHONE (Include area code)
	CITY	STATE	ZIP Code	
Signature 				DATE

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

Letter to Landlord Requesting Rental Information, Form SSA-L5061  
Privacy Act Statement  
Collection and Use of Personal Information

Sections 205(a), 1611, and 1631 of the Social Security Act, as amended, [42 U.S.C. 405(a)], [42 U.S.C. 1382], and [42 U.S.C. 1383] authorize us to collect this information. We will use the information you provide to help us determine the individual's eligibility for benefits. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information may prevent us from making an accurate and timely decision on any claim for benefits.

We rarely use the information you provide on this form for any purpose other than for the reasons explained 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 routine uses, including but not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the 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 and improvement of our programs (e.g., to the U.S. Census Bureau and to private entities under contract with us).

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. We use the information from these programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103; Claims Folder System, 60-0089; and Electronic Disability (eDIB) Claims File, 60-0340. The notices, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any 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 (OMB) control number. The OMB control number for this collection is 0960-0555. We estimate that it will take between 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***