



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.

Delete Paragraph

~~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 Attached

The Privacy Act requires us to notify you that we are authorized to collect this information by section 702 of the Social Security 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.

See Revised PRA Attached

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.

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 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.*

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 702 of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to establish rent paid by an applicant for benefits, and whether that applicant receives a rental subsidy.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing benefits to the applicant.

We rarely use the information you supply for any purpose other than for establishing rent paid and amount, if any, of a rental subsidy. 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.