Form Approved OMB No. 0960-0460 Social Security Administration

MARITAL RELATIONSHIP QUESTIONNAIRE		
CLAIMANT'S NAME	SOCIAL SECURITY NUMBER	
PRIVACY ACT/PAPERWORK REDUCTION ACT STA	ATEMENT	
The Social Security Administration (SSA) is authorized to collect the information on this questionnaire un USC 1383 (a)). SSA will use the information on this form to help decide if you are eligible for SSI payment have to do it, but you cannot get supplemental security income benefits unless you give us this inform without your consent if: (1) An agency needs this information to decide if you are eligible for a health of Food Stamps, Medicaid, Energy Assistance, Veterans Benefits, or Basic Educational Opportunity Grants; These and other reasons why information about you may be used or given out are explained in the Federatouch with any Social Security Office.	ts. Giving us the information on this form is voluntary. You do not nation. SSA may routinely give out the information on this form or income program such as SSA State Supplementary payments, or (2) A Federal law requires that we give out this information.	
The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in acc Paperwork Reduction Act of 1995. We may not conduct or sponsor and you are not required to responsor control number. We estimate that it will take you about 5 minutes to complete this form. This includes the facts and fill out the form.	nd to, a collection of information unless it displays a valid OMB	
NAME OF PERSON MAKING STATEMENT (If not Claimant)		
Please answer the following questions as they relate to yourself and to		
By what name or names are you known?		
How do you introduce the other person to friends, relatives, or others?		
3. How is mail addressed to you and the other person?		
4. Are there any bills, installment contracts. tax returns, or other papers showing	the two of you as husband and wife? YES NO (If yes, explain.)	
E. In the place where you live owned or repted by both of you or only		
5. Is the place where you live owned or rented by both of you or only by one?	Both Only by one	
If both, please furnish the names on the deed or lease.		

Further Explanation of Relationship:		
I know that anyone who makes or causes to be made a fa	alse statemen	t or representation of material fact in an
application or for use in determining a right to payment undurated under Federal law and/or State law. I affirm that all informations	der the Social	Security Act commits a crime punishable
Signature (First name, middle initial, last name) (Write in ink)		Date (Month, day, year)
SIGN HERE		Telephone Number (Include Area Code)
Mailing Address (Number and Street, Apt. No., P.O. Box or H	Rural Routel	, , ,
Widning Address (Wariber and Street, Apt. 190., 1.0. Dox of 1	idiai fiodici	
City and State		ZIP Code
Witnesses are required ONLY if this application has be two witnesses to the signing who know the applicant	en signed by m must sign belov	ark (X) above. If signed by mark (X), w, giving their full addresses.
1. Signature of Witness	2. Signature	of Witness
Address (Number and Street, City, State, and ZIP Code)	Address (Nur	nber and Street, City, State, and ZIP Code)