

# STATEMENT OF FUNDS YOU RECEIVED

We need information from you about the money you received from: \_\_\_\_\_

**See Revised Privacy Act Statement Attached**

## Privacy Act Statement

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect this information. The information you provide will be used to determine eligibility to receive Supplemental Security Income (SSI) and the amount of the payments for the individual to which you provided funds. The information you furnish on this form is voluntary. However, failure to provide the requested information will prevent us from making a determination of eligibility for SSI.

We rarely use the information you supply for any purpose other than for determining eligibility. 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](http://www.ssa.gov) or at your local Social Security office.

**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.

**See Revised PRA Statement Attached**

Information below refers to: Name of Claimant	SSN
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Name of Person Making Statement if Other Than Claimant	Relationship to Claimant
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<p>1. Name and address of person who gave you money</p> <p>_____</p>	<p>2. How much money was given to you?</p> <p>\$ _____</p>	<p>3. When did you receive the money?</p> <p>_____ (Month/Year)</p>
<p>6. How much are your payments?</p> <p>\$ _____</p>	<p>7. How often do you make a payment?</p> <p>_____</p>	<p>4. Do you intend to repay this money?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, stop here. Sign and date the end of _____</p> <p>5. Have you started to repay the money?</p> <p><input type="checkbox"/> Yes When? _____ (Month/Year)</p> <p><input type="checkbox"/> No When will you start? _____ (Month/Year)</p>
<p>8. Did you promise to give up any property if you do not keep up your payments?</p> <p>No Yes If "yes", what did you promise?</p> <p><input type="checkbox"/> <input type="checkbox"/> _____</p>		

9. What do you plan to use to repay this money? (For example, income from work, SSI, Social Security payments.)

\_\_\_\_\_

10. Do you now pay interest or will you pay interest in the future?

No If "no", stop here. Sign and date the end of the questionnaire.

Yes If "yes", answer questions 11 and 12.

<p>11. How much interest do you pay?</p> <p>\$ _____</p>	<p>12. How often do you make interest payments?</p> <p>_____</p>
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I know that giving false information on this statement is a crime punishable under Federal and/or State law. All of the information I have given is true.

Signature	Date
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Mailing Address	Telephone Number (Include area code)
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*SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:*

## **Privacy Act Statement**

### **Collection and Use of Personal Information**

Section 1631(e) of the Social Security Act, as amended, authorizes us to collect the information on this form. We will use the information you provide to determine your eligibility to receive Supplemental Security Income (SSI).

Your response is voluntary. However, failure to provide us with this information will prevent an accurate and timely decision on your SSI eligibility determination.

We rarely use the information you provide for any purpose other than to determine SSI eligibility. 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 make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with those of other Federal, State, or local government agencies. We can use information from these matching programs 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.

A complete list of routine uses for this information is available in our System of Records Notices entitled, Supplemental Security Income Record and Special Veterans Benefits, 60-0103, and Claims Folders Systems, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at <http://www.socialsecurity.gov> or at your local Social Security office.

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**YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://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.*