

Refer to:

Office Address:

Phone:
Office Hours:

Dear _____ :

We need some information about money you provided to _____ . He She has authorized us to contact you concerning any funds you may have provided for his her use. This information will help us decide a Social Security matter. Your response is voluntary. However, if you do not respond, we may not be able to determine if he she is entitled to certain payments.

We are authorized to collect the information on the enclosed questionnaire under section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383 (e)). We will not give out any of the information you give us unless we are required to by law, or unless a Federal or State agency needs the information to decide whether

_____ is entitled to some type of benefit. The Federal Register describes other situations when we might use this information. If you would like information about this, call us at the number listed above.

Please fill out the attached questionnaire and return it to us in the enclosed postage paid envelope.

Thank you for your cooperation.

Sincerely yours

Manager

Enclosures

STATEMENT OF FUNDS YOU PROVIDED TO ANOTHER

The information below refers to: Name of Claimant _____

1. How much money did you provide to _____ \$ _____ (Name of individual)	2. When did you provide money to the person named above? _____
3. Do you expect _____ to pay this money back to you? <input type="checkbox"/> <input type="checkbox"/> _____ (Name of individual)	
4. Have you received any payments? <input type="checkbox"/> Yes If "yes", when did you receive the first payment? _____ (Month/Year) <input type="checkbox"/> No If "no", when will payments begin? _____ (Month/Year)	
5. How much are the payments? \$ _____	6. How often do you receive payments?
7. Did _____ promise to give up any property if he/she does not keep up the payments? (Name of individual) <input type="checkbox"/> Yes If "yes", what? _____ <input type="checkbox"/>	
8. Are you charging interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", stop here. Sign and date the end of the questionnaire.	
9. How much is the interest payment? \$ _____	10. How often do you receive an interest payment?

Remarks:

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
Mailing Address	Telephone Number (Include area code)

Privacy Act Statement Collection and Use of Personal Information

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 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.