

---

## Social Security Administration

---

Refer to:

Social Security Office Address:

Telephone Number:

Dear

We need information about the food and shelter you provided to

He/she authorized us to contact you about any food and shelter you may have provided to him/her.

This information will help us decide if this person can receive Supplemental Security Income and the amount of the payments. Your response is voluntary. However, if you do not respond, we may not be able to determine if this person can receive payments. Please see page two for more information on our collection and use of this information.

Please fill out the attached questionnaire. Return it to us in the enclosed postage-paid envelope. If you have any questions, please call us at the telephone number above.

Thank you for your cooperation.

Sincerely yours,

Enclosure:  
Envelope

## STATEMENT ABOUT FOOD OR SHELTER PROVIDED TO ANOTHER

The information below refers to: (Claimant's Name)

Claimant's SSN

1. Did you provide food and/or shelter to the above individual?

YES \_\_\_\_\_ NO \_\_\_\_\_

2. What period of time did you provide food and/or shelter to this individual?

FROM \_\_\_\_\_ TO \_\_\_\_\_

3. Have you and the above individual agreed that he/she will repay you for this food and/or shelter?

YES \_\_\_\_\_ If yes, go to question 4

NO \_\_\_\_\_ If no, stop, and sign and date below.

4. Under the agreement to repay:

How much will be repaid? \$ \_\_\_\_\_

When will it be repaid? \_\_\_\_\_

5. Remarks:

I declare under penalty of perjury that I have examined all the information on this form and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature

Date

Mailing Address

Telephone Number  
(Include area code)

See revised Privacy Act and Paperwork Reduction Act statements below.

---

Collection and Use of Information From Your Application -  
Privacy Act Notice/Paperwork Reduction Act Notice

---

We are authorized to collect the information on the enclosed questionnaire under section 1631 (e) (1) (B) 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 the above individual 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 at the top of this letter.

---

**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.** *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.*

Statement About Loan of Food or Shelter Provided to Another, Form SSA-L5063-F3  
Privacy Act Statement  
Collection and Use of Personal Information

Section 1631(e)(1)(B) of the Social Security Act, as amended (42 U.S.C. 1383(e)) authorizes us to collect this information. We will use the information you provide to identify bona fide loans of food and shelter made to applicants for Supplemental Security Income (SSI) benefits. This information will permit us to determine an income value, if any, of food and shelter received by the SSI applicant. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on the SSI applicant's claim or could result in the loss of his or her 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, 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, 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 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 and administered benefit programs for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Claims Folder System, 60-0089 and Supplemental Security Income Record and Special Veterans Benefits System, 60-0103. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local 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 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.** 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.