FORM APPROVED
OMB No. 0960-0456

STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

CLAIMANT'S / BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER

NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE

NAME OF PERSON MAKING THIS STATEMENT

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

☐ PART I - MONTHLY HOUSEHOLD EXPENSES

For household expenses that change from month to month, show the **average** monthly amount of money your household has spent per month for the period _____ through _____ .

For the household expenses that are usually the same from month to month (like rent), show the amount your household spent per month as of _____ .

Write "0" under amount if your household has not spent any money for one of the expenses.

HOUSEHOLD EXPENSES	MONTHLY AMOUNT SPENT
1. Food (Do not include food bought with food stamps.)	$
2. Rent or Mortgage Payment	$
3. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	$
4. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	$
5. Electricity	$
6. Gas	$
7. Heating fuel (wood, coal, oil, kerosene, etc.)	$
8. Water	$
9. Sewerage	$
10. Garbage Removal	$

☐ PART II-CONTRIBUTIONS TO HOUSEHOLD EXPENSES

In the spaces below, show the amount of money the person(s) names gave for the household expenses listed in Part I. Provide your answer for the blocks we have checked.

NAME	☐ AVERAGE MONTHLY AMOUNT GIVEN from _____ through _____	☐ AMOUNT GIVEN In _____
	$	$
	$	$
	$	$

☐ PART III - OTHER ARRANGEMENTS

1. ☐ Do(es) _____ eat every meal during the month some where else?	☐ YES ☐ NO
2. ☐ Do(es) _____ buy all his/her/their own food with his/her/their own money?	☐ YES ☐ NO
3. ☐ Do(es) _____ pay a certain amount just for household *food?*	☐ YES * ☐ NO
*If "Yes" how much each month?	AMOUNT
NAME	$
NAME	$
NAME	$
4. ☐ Do(es) _____ pay a certain amount for the household shelter expenses (The expenses other than food)?	☐ YES * ☐ NO
*If "Yes" how much each month?	AMOUNT
NAME	$
NAME	$
NAME	$

PART IV-REMARKS-Use this space for any additional explanations.

Total Household Expenses: $ _____

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

Your Signature (First name, middle initial, last name)	Date (Month, Day, Year)	Day Time Telephone No. *(Include Area Code)*
SIGN HERE ▶		

WITNESSES

If you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and Street)	ADDRESS (Number and Street)
CITY,STATE, AND ZIP CODE	CITY,STATE, AND ZIP CODE

PRIVACY ACT NOTICE

See Revised Privacy Act Statement

Section 1631(e)(1) of the Social Security Act authorizes us to collect the information requested on this form to decide if the individual(s) named can receive Supplemental Security Income (SSI) payments from us and, if so, how much. The individual or the individual's representative has given permission to us to obtain this information. You do not have to give us this information but if you do not, it may adversely affect the individual's eligibility for or amount of SSI.

The information collected on this form may be disclosed without your consent (1) to comply with a Federal law requiring the release of information from our records, or (2) to an agency needing this information to decide if the individual(s) named is (are) eligible for a health or income-maintenance program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. Information about other disclosures of this information is published in the Federal Register and is available in local Social Security offices.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

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.

See Revised Paperwork Reducation Act Statement

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 15 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.***

SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Privacy Act Statement
Collection and Use of Personal Information

Section 1631(e)(1)(A) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information in determining your eligibility for benefit payments and to help us decide if additional information is needed.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision, or could result in the loss of benefits.

We rarely use the information you supply for any purpose other than for determining entitlement to benefit payments. 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 and improvement of Social Security programs (e.g., to the Bureau of the Census).

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.

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

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