

**STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY
FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS**

Name and Address

For Official Use Only	
EI SSN	
Spouse's Name	
Spouse's SSN	
Check the Ones That Apply <input type="checkbox"/> C <input type="checkbox"/> NC <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> FS-APP <input type="checkbox"/> FS-REF	DO Code
Interviewer's Initials	Date Received

WHEN ANSWERING THE QUESTIONS, REFER TO THIS DATE 

MARITAL STATUS/TRAVEL OUTSIDE THE UNITED STATES/LIVING ARRANGEMENTS

1.	Since the date above, has your marital status (or the marital status of your parents if you are a child) changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
2.	Since the date above, have you moved to a new address? If "yes," give the new address: ADDRESS (Number, Street, City, State, and ZIP Code) DATE YOU MOVED	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
3.	Since the date above, have you been outside the United States (the 50 States, District of Columbia, and Northern Mariana Islands)? If "yes," please give: DATE(S) LEFT (month/day/year): DATE(S) RETURNED (month/day/year)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
4.	Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If "yes," please give: NAME OF INSTITUTION DATE ENTERED (Month/day/year): DATE LEFT (Month/day/year): ADDRESS (Number, Street, City, State and ZIP Code)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
5.	Mark X in the box which best describes where you live: <input type="checkbox"/> House <input type="checkbox"/> Room <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rest or Retirement Home <input type="checkbox"/> Rehabilitation Center <input type="checkbox"/> Other _____ (specify)																																														
6.	Since the date above, has anyone moved into or out of the place where you live? (including births and deaths) If "yes," please give:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
<table border="1"> <thead> <tr> <th rowspan="2">NAME</th> <th rowspan="2">RELATIONSHIP</th> <th rowspan="2">AGE</th> <th colspan="2">BLIND OR DISABLED</th> <th rowspan="2">DATE MOVED IN</th> <th rowspan="2">DATE MOVED OUT</th> <th colspan="3">INELIGIBLE CHILD</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>STUDENT</th> <th>MARRIED</th> <th>INCOME</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			NAME	RELATIONSHIP	AGE	BLIND OR DISABLED		DATE MOVED IN	DATE MOVED OUT	INELIGIBLE CHILD			YES	NO	STUDENT	MARRIED	INCOME																														
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			YES	NO	STUDENT	MARRIED	INCOME																																								
7.	Do any other people live in the same household with you or your spouse? If "yes," please give the following information about them (including children):	<input type="checkbox"/> Yes <input type="checkbox"/> No																																													
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LIVING ARRANGEMENTS (continued)

8. Do all of the people who live with you receive public assistance payments?
(For example, welfare, TANF, VA pension, general assistance, SSI.) Yes No

9. a. Do you, or your spouse living with you, own or are you buying the place where you live?
If "yes," give:
MONTHLY MORTGAGE PAYMENT AMOUNT: _____ Yes No

b. Do you, or your spouse living with you, rent the place where you live? Yes No

c. If you are a child recipient living with your parents, do your parents own or rent the place where you live? Yes No

d. Does someone else who lives with you own or rent the place where you live? Yes No

e. If the place where you live is rented give,

LANDLORD'S NAME	ADDRESS <small>(Number, Street, City, State and ZIP Code)</small>	LANDLORD'S PHONE ()	MONTHLY RENT

f. If the place where you live is rented, are you (or anyone living with you) the parent or child of your landlord or your landlord's spouse? Yes No
If "yes," give the name of the household member who is the related person _____

g. If a. or b. is answered "yes," does any one who lives with you (other than your spouse) pay for or give you money for food, mortgage or rent, property insurance or taxes, heating fuel, gas, electricity, water, sewerage, or garbage collection services? Yes No

10. Since the date on page 1, did anyone **not** living with you: a. Give you a free place to live? Yes No

b. Help you pay the mortgage, rent, property insurance, property taxes, and/or sewerage charges? Yes No

c. Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service? Yes No

If "yes," to a., b., or c., complete the following:

TYPE OF HELP	SOURCE		PHONE NUMBER	MONTHLY AMOUNT	MONTHS RECEIVED
	NAME/ADDRESS (Number, Street, City, State, ZIP Code)				
			()		
			()		
			()		

11. Since the date on page 1, did anyone give you gifts which are not cash?
If "yes," complete the following: Yes No

DESCRIPTION OF ARTICLE	SOURCE		PHONE NUMBER	MONTHS RECEIVED	VALUE
	NAME/ADDRESS (Number, Street, City, State, ZIP Code)				
			()		
			()		

EARNED INCOME

12. Since the date on page 1, have you, or your spouse living with you, worked OR do you expect to work in the next 14 months? Yes No

If "yes," please give:
a. Amounts for Past Months

NAME OF WORKER	EMPLOYER'S NAME, ADDRESS (Number, Street, City, State, ZIP Code) AND PHONE NUMBER	GROSS WAGES		DATES OF EMPLOYMENT
		Amount	How Often Paid	
				From: To:
				From: To:

12. **EARNED INCOME (continued)**

b. Estimates for Current and Future Months

Month								
Amount	\$	\$	\$	\$	\$	\$	\$	\$
Month								
Amount	\$	\$	\$	\$	\$	\$	\$	\$

13. **Since the date on page 1**, have you, or your spouse living with you, been self-employed or expect to be self-employed in the current taxable year?
If "yes," please give:

Yes No

NAME OF SELF-EMPLOYED PERSON	TYPE OF BUSINESS	LAST YEAR'S		THIS YEAR'S ESTIMATED		DATES OF SELF-EMPLOYMENT
		GROSS INCOME	NET INCOME (OR LOSS)	GROSS INCOME	NET INCOME (OR LOSS)	
						From: To:
						From: To:

14. If you are disabled, do you have any special expenses that you paid that are related to your illness or injury and which are necessary for you to work?

Yes No

UNEARNED INCOME

15. **Since the date on page 1**, have you, or your spouse living with you, received, or do you expect to receive in the next 14 months, any of the income listed below:

- a. Private pensions, annuities (other than Social Security, SSI, or food stamps)? Yes No
- b. Unemployment or worker's compensation? Yes No
- c. TANF or State or local assistance based on need? Yes No
- d. Veterans Administration benefits (based on need, not based on need, education)? Yes No
- e. Rental/lease income? Yes No
- f. Alimony or child support? Yes No
- g. Dividends or royalties? Yes No
- h. Interest earned on money in bank accounts (including interest on checking accounts)? Yes No
- i. Money from a trust fund? Yes No
- j. Money from any other person or organization? Yes No

If the answer is "yes," to any of these types of unearned income, please give:

TYPE OF INCOME	RECEIVED BY	AMOUNT	FREQUENCY	DATES RECEIVED OR EXPECTED	SOURCE (Name/Address of Person Bank, Company, or Organization)
				From: To:	
				From: To:	

RESOURCES: THINGS YOU OWN

16. Do you, or your spouse living with you, own any of the following items (answer "yes" if your name appears alone or with any other person as the owner or part owner of any of these items):

- a. Cash (with you, at home, in a safe deposit box)? Yes No
- b. Checking accounts? Yes No
- c. Savings accounts? Yes No
- d. Credit union accounts? Yes No

16.
Cont.

RESOURCES: THINGS YOU OWN (continued)

- e. Christmas club accounts? Yes No
- f. Savings certificates/certificates of deposit? Yes No
- g. Promissory notes or IOU's? Yes No
- h. Stocks or bonds? Yes No
- i. Other items that can be cashed or sold? Yes No

If "yes," please give the following information:

NAME OF EACH ITEM	OWNER(S) OF EACH ITEM	TOTAL VALUE OF EACH ITEM	NAME AND ADDRESS OF BANK, COMPANY, OR ORGANIZATION

17. Do you give us permission to obtain any of your financial records from any financial institution? Yes No

18. Do you, or your spouse living with you, own or are you buying any life insurance policies? Yes No
- If "yes," please give the following information:

NAME OF OWNER		NAME OF INSURED		NAME AND ADDRESS OF INSURANCE COMPANY	
POLICY NUMBER	TOTAL FACE VALUE OF POLICY	CASH SURRENDER VALUE	WHEN WAS THE POLICY PURCHASED	IF THERE IS A LOAN AGAINST THE POLICY, GIVE THE AMOUNT	

19. Is your name, or the name of your spouse living with you, on the title of any vehicles (for example, car, truck, boat, camper, motorcycle, etc.)? If "yes," please give the following information: Yes No

NAME OF OWNER(S)	YEAR OF VEHICLE(S)	MAKE AND MODEL	CURRENT MARKET VALUE	HOW MUCH IS OWED ON VEHICLE(S)
MAIN PURPOSE FOR WHICH THE VEHICLE(S) IS USED (For example, employment, to obtain medical treatment, etc.)				

20. Do you, or your spouse living with you, own or are you buying any real estate (land or buildings or other structures on the land)? (Include property outside the U.S., inherited property, life estates. Do not include your home.) If "yes," please give the following information: Yes No

NAME OF OWNER	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE IF KNOWN	AMOUNT OF MORTGAGE PAYMENT (If any)	AMOUNT OWED ON THE PROPERTY
DESCRIPTION (Include type and size of structures, acreage or lot size, and location of property)		USE (Describe how the property is used. If not in use, give date of last use and next planned use.)		

RESOURCES (continued)

21.	Do you, or your spouse living with you, own any of the following items (answer "yes" if your name or your spouse's name appears alone or with any other person as the owner or part owner of any of these items). a. Other household or personal items not already mentioned worth more than \$500?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
	b. Other equipment (business or nonbusiness) or property of any kind (not already included on this form)? If "yes," please give the following information:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
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22.	a. Do you, or your spouse living with you, own any headstones or markers, cemetery lots, crypts, urns, mausoleums, or other repositories for burial? If "yes," please give:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
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	b. Do you, or your spouse living with you, have any money or other assets, such as, burial contracts, trusts, insurance policies, agreements, or anything else you intend to use for your burial expenses? (Include assets listed in items 16-21 if appropriate.) If "yes," please give:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
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YES	NO																																																		
23.	a. Since the date on page 1 , have you, or your spouse living with you, sold, transferred title, disposed of or given away any money, or other property, including money or property in foreign countries?	You <input type="checkbox"/> Yes <input type="checkbox"/> No Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
	b. If you co-owned property with another person(s), did you or any co-owner sell, transfer, or give way any co-owned money or property?	You <input type="checkbox"/> Yes <input type="checkbox"/> No Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
	IF "YES" TO (A) OR (B), GO TO (C). IF NO TO BOTH, GO TO 24.																																																		

RESOURCES (continued)

23. Cont.	SOLD ON OPEN MARKET	GIVEN AWAY	TRADED FOR GOODS/SERVICES	OWNER'S/CO-OWNER'S NAME(S)	DATE OF DISPOSAL	
	DESCRIPTION OF PROPERTY			NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER	
	VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALE PRICE OR OTHER CONSIDERATION RECEIVED	ARE ADDITIONAL CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN			
	DO YOU STILL OWN PART OF THE PROPERTY? IF YES, EXPLAIN					
<input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

24.	Since the date on page 1, have you (or your spouse living with you) had any change in health insurance coverage or other insurance that pays for medical bills? (Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YOU LIVE IN CALIFORNIA, PLEASE DO NOT ANSWER QUESTION 25 BELOW.

25.		You		Your Spouse
a.	Are you currently receiving food stamps? → If YES , go to "b." If NO , go to "c."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
b.	Have you received a recertification notice within the past 30 days? → If YES , go to "e." If NO , go to question 26.	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	Have you filed for food stamps in the last 60 days? → If YES , go to "d." If NO , go to "e."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
d.	Have you received a favorable decision? → If YES , go to question 26. If NO , go to "e."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
e.	Is everyone in the household applying for or receiving SSI? → If YES , go to "f." If NO , go to question 26.	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
f.	May I take your food stamp application today? → If YES , go to question 26. If NO , explain in "g."	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
g.	Explanation			

26.	a. Which language do you prefer to use when speaking to us?		
	b. Which language do you prefer us to use when writing to you?		
27.	Please answer the following questions:		
	a. Are you age 62 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	b. If you are age 50 or older, are you a widow(er)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c. If you are age 50 or older and divorced, is your divorced spouse deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28.	(a) Do you have any unsatisfied felony warrants for your arrest?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)
	(b) In which state or country was this warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d)
	(d) Date warrant satisfied:	month, day, year	month, day, year
29.	(a) Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)	Your Spouse, if filing <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b)
	(b) In which state or country was the warrant issued?	Name of State/Country Go to (c)	Name of State/Country Go to (c)
	(c) Was the warrant satisfied?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d)	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (d)
	(d) Date warrant satisfied:	month, day, year	month, day, year

REMARKS

REMARKS Continued

Multiple horizontal lines for handwritten remarks.

If the address where you live is different than the address where you get your mail, please give the address where you live:

Address (Number and Street)	City/State	ZIP Code
-----------------------------	------------	----------

YOUR AUTHORIZATION

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. 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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURES (Write in ink)

Your Signature (First name, middle initial, last name) Sign Here ▶	Date	Area Code and Telephone Number Where You Can Be Reached ()
Spouse's Signature (First name, middle initial, last name) (Sign Only if Receiving SSI Payments) Sign Here ▶	Date	

WITNESSES (Write in ink)

If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.

1. Signature of Witness ▶	2. Signature of Witness ▶
Address (Number, Street, City, State, ZIP Code)	Address (Number, Street, City, State, ZIP Code)

REPRESENTATIVE PAYEE (Write in ink)

Your Title or Relationship to the Recipient	Area Code and Telephone Number Where You Can Be Reached ()	Address (Number, Street, City, State, ZIP Code)
Your full name (First name, middle initial, last name) Please print here ▶		Date
Please sign here ▶		

RIGHTS AND RESPONSIBILITIES

NAME	SOCIAL SECURITY NUMBER _ _ _ - _ _ - _ _ _	DATE
NAME	SOCIAL SECURITY NUMBER	DATE
Telephone Number (include area code) to call if you have a question or something to report. ()	Social Security Office you may visit in person or send in your request:	

Privacy Act Notice

Section 1611(c) of the Social Security Act, and 20 CFR 416.204, authorize us to collect this information. The information you provide us on this form will be used to determine if you continue to be eligible for supplemental security income payments.

Completion of this form is voluntary, however, failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits.

We rarely use this information you supply for any purpose other than for determining continuing 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 investigate 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.socialsecurity.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 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213 (TTY 1-800-325-0778).** Send **only** comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

Reporting Responsibilities

The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you. Changes could make your check bigger or smaller.

You must tell us about changes within 10 days after the month they happen. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive.

You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value.

A List of Most of the Changes You Must Report Is On The Next Page .

How To Report Changes

You can report changes in any of the following ways:

- Call us, toll free, at 1-800-772-1213.
- Call your local Social Security Office at the number at the top of this form.
- By mail or in person -- see the address at the top of this form.

Important Facts About Food Stamps

You can apply for food stamps at the Social Security Office if you and everyone in your household get or apply for SSI.

The Social Security Office will help you fill out the food stamp application. You do not have to go to the food stamp office to apply.

CHANGES TO REPORT

WHERE YOU LIVE—You must report to Social Security if:

- You move.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
- You leave the United States for 30 days or more.
- You are released from a hospital, nursing home, etc.
- You are no longer a legal resident of the United States.

HOW YOU LIVE—You must report to Social Security:

- If someone moves into or out of your household.
- If the amount of money you pay toward household expenses changes.
- If your former spouse dies.
- Births and deaths of any people with whom you live.
- Changes in your marital status:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
 - Your spouse dies.

INCOME—You must report to Social Security if:

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.
- You become eligible for benefits other than SSI.

Remove the word "clothing."

HELP YOU GET FROM OTHERS—You must report to Social Security if:

- The amount of help (money, food, ~~clothing~~, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

THINGS OF VALUE THAT YOU OWN—You must report to Social Security if:

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given anything of value.

YOU ARE BLIND OR DISABLED—You must report to Social Security if:

- Your condition improves or your doctor says you can return to work.
- You go to work.

YOU ARE UNMARRIED AND UNDER AGE 22—A report to Social Security must be made if:

- You are under age 18 and live with your parent(s), ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
- There are changes in the income, school attendance (if between the ages of 18 and 21), or marital status of ineligible children who live in your household.
- You get married.
- You start or stop school.

YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES—You must report any changes to Social Security.

YOU ARE A REPRESENTATIVE PAYEE—You must report to Social Security if:

- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as the person's representative payee.

Privacy Act Statement Collection and Use of Personal Information

Section 1611(c) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine your continuing eligibility for supplemental security income payments.

Furnishing us this information is voluntary. However, failing to provide all or part of the information could prevent us from making a timely decision on your request.

We rarely use the information you supply for any purpose other than for determining continued eligibility. However, 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 Census and to private entities under contract with us).

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 incorrect payments or delinquent debts under these programs.

A complete list of routine uses of the information you gave us is available in our Privacy Act Systems of Records Notices entitled, Claims Folder System, 60-0089. Additional information about this and other systems of records notices and our programs are available from our Internet website at 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 20 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. 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.*