

**SOCIAL SECURITY ADMINISTRATION**  
**Supplemental Security Income**

**INFORMATION ABOUT JOINT CHECKING/SAVINGS ACCOUNTS**

NAME OF APPLICANT/RECIPIENT	SOCIAL SECURITY NUMBER
NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER OF JOINT ACCOUNT

**PURPOSE:** Your name appears with another person(s) as owners of a joint financial institution account. The law requires SSA to presume that all of the money in the account belongs to you. If you do not agree that all of the money belongs to you, you may provide evidence on this form about whom the money belongs to.

**Please answer these questions about the money in the joint account:**

• How much of the money belongs to you? (Check one)

All       Part of it       None

• To whom does the money belong?

• If *some* of the money belongs to you, how much is yours?

• Why are both names on the account?

• Who makes deposits into the account?

• Who withdraws money from the account?

• When money is withdrawn, how is it spent?

• Other information

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**STATEMENT OF RESPONSIBILITY**

I understand that the information on this form is subject to verification and I authorize sources to release to the Social Security Administration information needed to verify my statements.

I know that anyone who knowingly makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal or State law or both. I affirm that all information I give in this document or in support of it is true.

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Your Signature

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Your Social Security Number

Date

(       )

Area Code

Daytime telephone Number

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**YOUR RIGHT TO PRIVACY**

Section 1631(e) of the Social Security Act (42 U.S.C. 1383(e)), as amended, authorize us to collect this information. The information you provide will be used to help determine eligibility for Supplemental Security Income (SSI) payments.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent you or the person who is applying for or receiving SSI payments from an accurate and timely decision, and could result in the loss of some benefits.

We rarely use the information you supply for any purpose other than for making a determination relating to approval for SSI payments. 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 and improvement of Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

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, Master Beneficiary Record, 60-0090 and Supplemental Security Income Record, 60-0090. 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.

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**PAPERWORK REDUCTION ACT**

**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 7 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.**