

REPORTING EVENTS - SSI

USE THIS FORM ONLY WHEN THERE IS A CHANGE TO REPORT

PRINT NAME OF PERSON (OR COUPLE) THAT THIS REPORT IS ABOUT

NAME	SOCIAL SECURITY NUMBER
NAME	SOCIAL SECURITY NUMBER

DOES THIS PERSON(S) ALSO RECIEVE SOCIAL SECURITY CHECKS? (CHECK ONE) YES NO

NOTE: CHECK AND COMPLETE ONLY ITEMS THAT HAVE BEEN CHANGED SINCE YOU LAST REPORTED TO SOCIAL SECURITY.

Check the blocks below to tell about changes for yourself or someone you live with.

CHANGE OF ADDRESS (OR LIVING ARRANGEMENTS)	DATE OF CHANGE
<input type="checkbox"/> Moved or changed address or will move soon.	Date:
<input type="checkbox"/> Entered or left at an institution (such as a hospital, nursing home, jail or other facility Print new address at bottom of form.)	Date:
<input type="checkbox"/> The number of people living in the same household as you has changed	Date:
<input type="checkbox"/> Leaving the United States for 30 days or more	Date:

CHANGE OF INCOME	DATE
<input type="checkbox"/> Change in earnings from work (or a job recently started or ended)	Date:
<input type="checkbox"/> Received increase or decrease in pension, veteran's check, unemployment, railroad, or other payment	Date:
<input type="checkbox"/> Getting more or less other income (such as someone else paying your bills, support payments, interest, dividends, gifts, inheritances, etc.)	Date:

CHANGE IN RESOURCES	DATE
<input type="checkbox"/> Have recently gotten a house, car, or other expensive item	Date:
<input type="checkbox"/> No longer have a house, car, or other expensive item	Date:
<input type="checkbox"/> Name has been added to another person's bank account, stocks, or bonds	Date:

CHANGES AFFECTING DISABLED OR BLIND RECIPIENTS	DATE
<input type="checkbox"/> Disabled or blind - condition improved	Date:

OTHER CHANGES	DATE
<input type="checkbox"/> Marriage, separation, divorce, annulment	Date:
<input type="checkbox"/> Under age 22 - change in school attendance	Date:
<input type="checkbox"/> Death	Date:
<input type="checkbox"/> Fleeing prosecution, or to avoid custody, or confinement after conviction, a crime, or an attempt to commit a crime, which is a felony	Date:
<input type="checkbox"/> Violating a condition of your parole or probation under Federal or State law	Date:

REMEMBER TO REPORT CHANGES FOR BOTH YOURSELF AND ANYONE YOU LIVE WITH

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.

SIGN YOUR NAME	DATE SIGNED
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NUMBER AND STREET APARTMENT NO. , P.O. BOX OR RURAL ROUTE (*Print*)

CITY AND STATE	ZIP CODE	COUNTY (<i>if any</i>)	TELEPHONE NUMBER (<i>if any</i>)
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ALTHOUGH I LIVE AT THE ABOVE ADDRESS, I WANT CHECKS SENT TO:

NUMBER AND STREET PARTMENT NO. , P.O. BOX OR RURAL ROUTE

CITY AND STATE	ZIP CODE
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HOW TO REPORT

There are 3 ways to report

1. Phone Social Security and explain the change. Tel No. _____ of District Office.
 2. Visit Social Security.
 3. Mail this form to Social Security. Make sure you fill in:
 - Name** of person(s) the report is about
 - Social Security Number** of person(s)
- Whether person(s) also receives **social security** (green) checks
What is being reported and **date** of change
 Your **signature and address**

IMPORTANT TO REPORT

The law requires you to report changes in your circumstances which could affect your Supplemental Security Income (SSI) payment. The kinds of changes you must report to Social Security are listed on the inside of this form (open flaps). The booklet "What you have to know about SSI." tells more about reporting changes. If you do not have this booklet or if you need help in making a report, get in touch with any Social Security Office. The people there will be glad to help you.

NOTE: REMEMBER TO TELL US WHEN YOU MOVE EVEN IF YOUR MAILING ADDRESS FOR CHECKS HAS NOT CHANGED.

If you mail your report, please use this reporting form, address it to the nearest Social Security Office and place the form in the mailbox. No postage necessary.

FAILURE TO REPORT

Your SSI payment may be reduced by up to \$100 for each failure to report a change affecting your SSI payment. You are also subject to a fine or imprisonment or both.

Privacy Act Statement

Sections 205(j) and 1631(a) of the Social Security Act allows us to collect the information requested on this questionnaire. The information you provide will allow the Social Security Administration to monitor items that have changed since you last reported to Social Security. The information you furnish on this form is voluntary.

See Revised Privacy Act Statement Attached

We may, however, disclose the information provided on this form in accordance with approved routine uses of the Privacy Act (5 U.S.C. § 552a(b)), 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 make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level;
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate 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.

A complete list of routine uses for this information is available in Systems of Records Notice 60-0222. This notice, 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.

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. 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.**

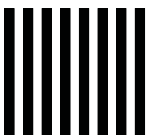
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MD 21239
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 18452 WASHINGTON, DC
POSTAGE WILL BE PAID BY SOCIAL SECURITY ADMINISTRATION



Form SSA-43150-EV (10-2011)

Use the form **ONLY** when there is a change to Social Security.
Open flaps of this form and read how to fill out this form.
After you have filled in the change(s) you want to report, seal the flap on form, **AND MAIL**
TO THE NEAREST SOCIAL SECURITY OFFICE.
NO POSTAGE IS NEEDED

Glue

Glue

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

**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. We will use the information you provide to monitor reporting events that may affect your Supplemental Security Income (SSI) benefits eligibility.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to determine continued eligibility of SSI benefits. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notice 60-0103, entitled, Supplemental Security Income Record and Special Veterans Benefits. Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs 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.