

STATEMENT OF INCOME AND RESOURCES	D.O. Use	Name of Applicant/Recipient
I am/We are providing this statement on behalf of _____ to determine his/her eligibility for Supplemental Security Income and any federally administered State supplementation under title XVI of the Social Security Act, for benefits under the other programs administered by the Social Security Administration, and where applicable, for medical assistance under title XIX of the Social Security Act.		Social Security Number
		_____ / _____ / _____
		Filing Date MM ___ DD ___ YY ___ OR Date of Last Determination MM ___ DD ___ YY ___

PERSONS REPORTING INCOME AND/OR RESOURCES

First Name, Middle Initial, Last Name	Spouse's Name (First, middle initial, last)
Social Security Number _____ / _____ / _____	Social Security Number _____ / _____ / _____
Check Which: <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent <input type="checkbox"/> Ineligible Child <input type="checkbox"/> Essential Person	Check Which: (Spouse of) <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent

1. PUBLIC INCOME MAINTENANCE PAYMENTS (Governmental Assistance Based on Need)	You	Your Spouse
(a) Have you received any of the public income maintenance payments listed in (b) below since the first moment of the filing date month or the last determination, or do you expect to receive them in any of the next 14 months? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #3	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #3

(b) Give the following information about the payments:

TYPE	REC'D BY	HOW OFTEN	PERIOD COVERED BY INCOME	EXPECTED RECEIPT DATE*	AMOUNT	IDENTIFICATION NUMBER	SOURCE
Supplemental Security Income	You	Monthly			\$		Social Security Administration
	Your Spouse				\$		
State or Local Government Assistance Based on Need	You				\$ >		
	Your Spouse				\$ >		
Refugee Assistance Payments Based on Need	You				\$ >		
	Your Spouse				\$ >		
Aid to Families with Dependent Children	You				\$ >		
	Your Spouse				\$ >		
General Assistance from the Bureau of Indian Affairs	You				\$ >		Bureau of Indian Affairs
	Your Spouse				\$ >		
Disaster Relief	You				\$		
	Your Spouse				\$		
Veterans Benefits Based on Need	You				\$		Dept. of Veterans Affairs
	Your Spouse				\$		

* If you are not receiving this income this month but expect it, enter the date you think you will receive it.
 > If your share of the grant is unknown, enter the amount of the monthly family grant.

2. OTHER INCOME YOU RECEIVED WHILE RECEIVING PUBLIC INCOME MAINTENANCE PAYMENTS	You	Your Spouse
(a) Have you received any other income in addition to any public income maintenance payments shown in #1?	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #6	<input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #6

2. (b) If you are: Then:

<ul style="list-style-type: none"> The sponsor of an alien The spouse of a sponsor An essential person 	Answer questions 3, 4 and 5 about your other income.
<ul style="list-style-type: none"> A parent The spouse of a parent 	If you have received these public income maintenance payments continuously since the date shown on page 1 AND you expect to continue receiving these payments this month and for the next 14 months, go to #6; OTHERWISE, go to #3.
<ul style="list-style-type: none"> An ineligible child 	If you have received and expect to continue receiving these public income maintenance payments as described above, go to #17; OTHERWISE, go to #3.

3. (a) Have you received wages since the first moment of the filing date month or since the last determination? →

	You <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to (d)</small>	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to (d)</small>
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(b) Name and Address of Employer *(include telephone number and area code, if known)*

You	Your Spouse

(c) Total wages received (before any deductions) for each month:

	Month(s)							
	You	Amounts						
Your Spouse	Month(s)							
	Amounts							

(d) Do you expect to receive any wages in the next 14 months? →

	You <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (e) Go to #4</small>	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (e) Go to #4</small>
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(e) Name and address of employer if different from 3(b) *(include telephone number and area code, if known)*

You	Your Spouse

(f) Give the following information:

	RATE OF PAY	AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID <small>(Month, day, year)</small>
You	\$ per				
Your Spouse	\$ per				

(g) Do you expect any change in wage information provided in 3(f)? →

	You <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (h) Go to #4</small>	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (h) Go to #4</small>
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(h) Explain change:

You	Your Spouse

4.	(a) Have you been self-employed at any time since the beginning of the taxable year in which the filing date month or the last determination occurs or do you expect to be self-employed in the current taxable year?	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #5	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #5					
(b) Give the following information:								
TYPE OF BUSINESS		LAST YEAR'S:			THIS YEAR'S:			DATES OF SELF-EMPLOYMENT
		GROSS INCOME	NET		GROSS INCOME	NET		
			INCOME	LOSS		INCOME	LOSS	
You		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	
Your Spouse		\$	\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	\$	

5.	(a) Since the first moment of the filing date month or the last determination, have you received or do you expect to receive income in the next 14 months from any of the following sources?	You		Your Spouse	
		YES	NO	YES	NO
FEDERAL BENEFITS:					
Social Security					
Railroad Retirement					
Veterans Affairs Benefits Not Based on Need					
Office of Personnel Management (Civil Service)					
Military Pension, Special Pay, or Allowance					
Black Lung					
Earned Income Tax Credits					
STATE/LOCAL BENEFITS:					
Unemployment Compensation					
Worker's Compensation					
State Disability					
State or Local Pension					
PRIVATE BENEFITS:					
Employer or Union Pension					
Insurance or Annuity Payments					
Private Needs-Based Assistance					
MISCELLANEOUS:					
Interest (bank accounts, stocks, CD's, etc.)					
Rental/Lease Income					
Dividends/Royalties					
Alimony/Cash Support					
Child Support					
OTHER INCOME NOT PREVIOUSLY MENTIONED:					

5. (b) Give the following information for any "Yes" answer in 5(a); otherwise go to #6.

PERSON RECEIVING	TYPE OF INCOME	AMOUNT	FREQUENCY	DATES EXPECTED OR RECEIVED	SOURCE (Name/Address of Person, Bank, Company, or Organization)	IDENTIFYING NUMBER
You		\$		From:		
				To:		
You		\$		From:		
				To:		
You		\$		From:		
				To:		
Your Spouse		\$		From:		
				To:		
Your Spouse		\$		From:		
				To:		
Your Spouse		\$		From:		
				To:		

6. **RESOURCES**
 (a) Do you own or are you buying any real estate other than the home in which you live? →

You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #7	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #7
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(b) Give the following information:

DESCRIPTION OF PROPERTY (Include type and size of structure, acreage or lot size, location.)	HOW IS IT USED? (If not used now, when was it last used and what is next planned use?)
Item 1	Item 1
Item 2	Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT OWED ON ITEM
Item 1	\$	\$	\$	\$
Item 2	\$	\$	\$	\$

7. (a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc.? →

You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #8	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #8
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OWNER'S NAME	DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?		CURRENT MARKET VALUE	AMOUNT OWED
			YES	NO		
					\$	\$
					\$	\$
					\$	\$

8.	(a) Do you own or are you buying any life insurance policies? _____ →	<input type="checkbox"/> You <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to #9</small>	<input type="checkbox"/> Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO <small>Go to (b) Go to #9</small>						
(b) Give the following information on each policy:									
OWNER'S NAME		NAME OF INSURED		NAME AND ADDRESS OF INSURANCE COMPANY					
Policy (#1)									
Policy (#2)									
Policy (#3)									
POLICY NUMBER		FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST				
					YES	NO			
Policy (#1)		\$	\$		\$				
Policy (#2)		\$	\$		\$				
Policy (#3)		\$	\$		\$				
9.	(a) Do you (either alone or jointly with any other person) own any:	You		Your Spouse					
		YES	NO	YES	NO				
Life estates or ownership interest in an unprobated estate?									
Items acquired or held for their value as an investment?									
Other equipment (business or non-business) or property of any kind?									
(b) Give the following information for any "Yes" answer in 9(a); otherwise go to #10.									
OWNER'S NAME		NAME OF ITEM		VALUE		AMOUNT OWED ON ITEM		WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION	
				\$		\$			
				\$		\$			
10.	(a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items?	You		Your Spouse					
		YES	NO	YES	NO				
Cash at home, with you, or anywhere else _____ →									
Checking Accounts _____ →									
Savings Accounts _____ →									
Credit Union Accounts _____ →									
Christmas Club Accounts _____ →									
Certificates of Deposit _____ →									
Notes _____ →									
Stocks or Mutual Funds _____ →									
Bonds _____ →									
Other items that can be turned into cash _____ →									
(b) Give the following information for any "Yes" answer in 10(a); otherwise go to #11.									
OWNER'S NAME		NAME OF ITEM		VALUE		NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE		AMOUNT OWED ON ITEM	
				\$				\$	
				\$				\$	
				\$				\$	
				\$				\$	

11.	Do you give us permission to obtain any financial records from any financial institution?	You <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO																				
12.	(a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #6 through #10 above. →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #13	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #13																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">(b) DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)</th> <th style="width:10%;">VALUE</th> <th style="width:15%;">WHEN SET ASIDE (Month, Day, Year)</th> <th style="width:35%;">OWNER'S NAME</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Item 1</td> <td style="text-align:center; padding: 5px;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Item 2</td> <td style="text-align:center; padding: 5px;">\$</td> <td></td> <td></td> </tr> </tbody> </table>	(b) DESCRIPTION (Where appropriate, give name and address of organization and account/policy number)	VALUE	WHEN SET ASIDE (Month, Day, Year)	OWNER'S NAME	Item 1	\$			Item 2	\$												
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	(c) Explanation:																						
	Item 1																						
	Item 2																						
13.	(a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers? →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #14	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #14																				
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				\$																			
				\$																			
14.	(a) Are you the sponsor of an alien admitted for permanent residence in the United States? →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #18	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #18																				
	(b) If you are filing this report on behalf of the alien claimant/recipient, go to #15. If you are filing this report on behalf of your child (or your spouse's child) who is applying for/eligible for SSI, go to #17.																						
15.	(a) Do you have any dependents? →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #16	Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to (b) Go to #16																				
	(b) Give the following information about your dependent(s):																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">NAME</th> <th style="width:25%;">RELATIONSHIP TO YOU OR SPOUSE</th> <th style="width:30%;">FILING FOR/ RECEIVING SSI</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	NAME	RELATIONSHIP TO YOU OR SPOUSE	FILING FOR/ RECEIVING SSI																			
NAME	RELATIONSHIP TO YOU OR SPOUSE	FILING FOR/ RECEIVING SSI																					

16. A sponsor may be liable for any overpayments made to an alien that result from the sponsor's failure to provide correct information regarding deemable income and resources. Do you agree to notify the Social Security Administration immediately about any changes in your income and resources and do you also agree to report any change in your address? →	You <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #18 Explain in Remarks and go to #18.		Your Spouse <input type="checkbox"/> YES <input type="checkbox"/> NO Go to #18 Explain in Remarks and go to #18.	

17. Give the following information about the alien(s) you sponsor:

NAME OF ALIEN	SOCIAL SECURITY NUMBER	SPONSOR		DATE OF ADMISSION	FILING FOR/ RECEIVING SSI
		YOU	SPOUSE		
	_ _ _ _ / _ _ _ / _ _ _ _ _				
	_ _ _ _ / _ _ _ / _ _ _ _ _				
	_ _ _ _ / _ _ _ / _ _ _ _ _				
	_ _ _ _ / _ _ _ / _ _ _ _ _				
	_ _ _ _ / _ _ _ / _ _ _ _ _				

REMARKS - (You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795).

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

- ▶ Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- ▶ The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure the applicant/recipient is paid the correct amount. We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if the SSI applicant or recipient is eligible or continues to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) we no longer consider your income and resources to be available to the SSI applicant or recipient, (3) the SSI applicant is denied benefits in a final decision, or (4) the SSI recipient's eligibility for benefits terminates. If you do not give or cancel your permission the SSI applicant or recipient may not be eligible for SSI and we may deny their claim or stop their payments.

SIGNATURES

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.

18. Your Signature (<i>First name, middle initial, last name</i>) (<i>Write in ink</i>) SIGN HERE ▶	DATE (<i>Month, day, year</i>)
	Telephone number(s) at which you may be contacted during the day (_____) _____ - _____ <small>area code</small>

Spouse's Signature (*First name, middle initial, last name*) (*Write in ink*)

SIGN HERE ▶

NOTE: If you are the representative payee and are filing this statement on behalf of another person (other than your spouse), please print below your full name, followed by your title or relationship to the person whose income and resources you are reporting (for example, "John J. Jones, Son").

Name (<i>First, middle initial, last</i>)	Title or Relationship
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Your Mailing Address (*Number and Street, Apt. No., P.O. Box or Rural Route*)

City and State	Zip Code	Enter name of county (<i>if any</i>) in which you live
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Your Residence Address (*If different from your mailing address*)

City and State	Zip Code	Enter name of county (<i>if any</i>) in which you live
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WITNESSES

Your statement does not normally have to be witnessed. If, however, 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
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Address (<i>Number and street, city, state, and ZIP code</i>)	Address (<i>Number and street, city, state, and ZIP code</i>)
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PRIVACY ACT STATEMENT

Sections 1614 and 1621 of the Social Security Act, as amended (42 U.S.C. 1382c(f) and 1383(3)), authorize us to collect this information. The information is needed to enable the Social Security Administration to determine eligibility or continued eligibility of an individual who is filing for or receiving monthly benefits. The information you furnish on this form is voluntary. However, failure to provide all or part of this information could prevent an accurate and timely decision on this claim and could result in the loss of some benefits.

We rarely use the information you supply for any purpose other than the administration and integrity of Social Security programs. We may also use the information for other purposes, including: (1) to enable a third party to assist Social Security in establishing rights to Social Security benefits; (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 of Social Security programs.

See revised
Privacy Act
Statement below.

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 12 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.***

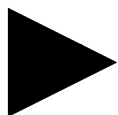
NAME OF SSI CLAIMANT/RECIPIENT	SOCIAL SECURITY NUMBER ____ / ____ / _____	DATE
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REPORTING RESPONSIBILITIES

The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change - while we process this application **AND** if the person named above starts receiving Supplemental Security Income. So that the individual continues getting the right payment amount, you must report certain changes that happen to you.

Remember a change may make the SSI monthly payment bigger or smaller. Report changes in your income and the income of your husband/wife or a child who lives with you. You must also report changes in things of value that you and your spouse own.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks the individual is due.



HOW TO REPORT

You can make your reports by telephone at the telephone number shown below or you may report in person or by mail at the address shown below. See reverse side of this page for "Changes to Report."

Telephone Number (*include area code*) to call if you have a question or something to report.

(_____) _____ - _____
area code

Social Security Office you may come in person or mail your request to:

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 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.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.
- Your marital status changes:
 - 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.

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.

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

- The amount of help (money, food, 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 UNMARRIED AND UNDER AGE 21 - A report to Social Security must be made if:

- You start or stop school.
- You get married.
- Your income changes.

YOU ARE SELECTED AS A REPRESENTATIVE PAYEE - You must report to Social Security if:

- The person for whom you are filing this statement 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 that person's representative payee.

Privacy Statement Collection and Use of Personal Information

Sections 1614 and 1621 of the Social Security Act, as amended (42 U.S.C. 1382c(f) and 1383(3)), authorize us to collect this information. We will use the information you provide to determine eligibility or continued eligibility of an individual who is filing for or receiving benefits.

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 for the reasons explained above. 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);
2. To facilitate statistical research, audit, or investigative activities necessary to assure 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 System of Record Notice entitled, Supplemental Security Income Record and Special Veterans Benefits, (60-0103). 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.