



SOCIAL SECURITY

Refer to:

We need information from you about the property described on the attached page. The facts you provide will help us to decide whether _____ can receive payments from us, and if so, how much. The individual or the individual's representative has given permission for us to obtain this information.

Please answer the questions on the other side of this page. We will use your answers to decide who is responsible for payment of rent at the residence shown. We will also decide if the individual named above receives a rental subsidy. A rental subsidy can occur when someone pays less for his home than the landlord would charge other renters. If we decide that this person receives a rental subsidy, we might make lower payments or decide no payments are due.

The Social Security Administration (SSA) may routinely give out the information collected on this form without consent if a Federal law requires that we give out the information, or if a Federal or State agency needs the information to decide whether the individual named above is eligible for a health or income program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. 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.

IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL
ON TELEPHONE NUMBER _____ ON MONDAY THROUGH FRIDAY
BETWEEN THE HOURS OF _____ AND _____ .

We appreciate your cooperation in furnishing this information. For your convenience, we are enclosing a reply envelope requiring no postage.

Sincerely,

Enclosure

PRIVACY ACT AND PAPERWORK ACT NOTICE

The Privacy Act requires us to notify you that we are authorized to collect this information by section 702 of the Social Security Act. You do not have to provide the information requested. However, the data you provide will allow the Social Security Administration to decide whether this individual can receive payments from us, and if so, how much.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

Are you the landlord for the residence at _____ ?

1. Yes Go on to item 2.
 No Complete item 6 below and return this form in the enclosed envelope.

Is _____ the person you hold responsible for payment of the rent for this residence?

2. Yes
 No

How much rent do you charge? \$ _____ per _____ (month or week)

3.


If someone other than _____ rented this residence, how much would you charge? \$ _____ per _____ (month or week)

4.

If the amount you wrote in Item 3 is less than the amount you wrote in Item 4, why do you charge less rent? (Explain)

5.

6.

Address	STREET			PHONE (Include area code)
	CITY	STATE	ZIP Code	
Signature 				DATE