

STATEMENT OF FUNDS YOU RECEIVED

We need information from you about the money you received from: _____

Privacy Act Statement

See Revised Privacy Act Statement

383(e)). This of the

~~Collection of this information is authorized by section 1631(e) of the Social Security Act. This information will help us decide if you are eligible to receive Supplemental Security payments. Your response is voluntary, but we cannot decide if you will get SSI payments without it.~~

~~We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.~~

~~These and other reasons why information about you may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.~~

PAPERWORK REDUCTION ACT STATEMENT

See Revised PRA

~~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 5 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.~~

Information below refers to: Name of Claimant _____ SSN _____

Name of Person Making Statement if Other Than Claimant _____ Relationship to Claimant _____

1. Name and address of person who gave you money _____
 2. How much money was given to you? \$ _____
 3. When did you receive the money? _____ (Month/Year)

4. Do you intend to repay this money? Yes No
 If no, stop here. Sign and date the end of the questionnaire.
 5. Have you started to repay the money? Yes When? _____ (Month/Year)
 No When will you start? _____ (Month/Year)

6. How much are your payments? \$ _____
 7. How often do you make a payment? _____
 8. Did you promise to give up any property if you do not keep up your payments? No Yes If "yes", what did you promise? _____

9. What do you plan to use to repay this money? (For example, income from work, SSI, Social Security payments.) _____

10. Do you now pay interest or will you pay interest in the future?
 No If "no", stop here. Sign and date the end of the questionnaire.
 Yes If "yes", answer questions 11 and 12.

11. How much interest do you pay? \$ _____
 12. How often do you make interest payments? _____

I know that giving false information on this statement is a crime punishable under Federal and/or State law. All of the information I have given is true.

Signature _____ Date _____

Mailing Address _____ Telephone Number (Include area code) _____

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 (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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)(1)(B) of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to make a determination of eligibility for Supplemental Security Income and to determine payment amounts.

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 make a determination regarding benefits eligibility. 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 System of Records Notice 60-0103, entitled Supplemental Security Income 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.