

STATEMENT OF FUNDS YOU RECEIVED

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

Privacy Act Statement

Collection of this information is authorized by section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). This information will help us decide if you are eligible to receive Supplemental Security Income (SSI) and the amount of the 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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, stop here. Sign and date the end of the questionnaire.	5. Have you started to repay the money? <input type="checkbox"/> Yes When? _____ (Month/Year) <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No If "no", stop here. Sign and date the end of the questionnaire. <input type="checkbox"/> 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)