

CLAIMANT'S STATEMENT ABOUT LOAN OF FOOD OR SHELTER

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|--|--------------------------|
| The information below refers to: (Claimant's Name) | Claimant's SSN |
| Name of Person Making Statement if other than Claimant | Relationship to Claimant |

1. Name and address of person who provided you with food and/or shelter

2. Month(s) in which this person provided you with food and/or shelter

from _____ to _____

3. Have you and the above individual agreed that you will repay him/her for this food and/or shelter?

YES If yes, go to question 4.

NO If no, stop, sign, and date below.

4. When did you and the above individual establish the agreement that you will repay him/her for this food and/or shelter?

5. Under the agreement to repay:

How much will you repay? \$ _____

When will you repay? _____

What funds will you use? _____

6. Have you started to repay this money?

YES NO

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.

| | |
|-----------------|--------------------------------------|
| Signature | Date |
| Mailing Address | Telephone Number (Include area code) |

PRIVACY ACT STATEMENT
Collection and Use of Personal Information
Claimant's Statement about Loan of Food or Shelter, Form SSA-5062

Sections 205 and 1631(e)(1)(B) of the Social Security Act, as amended, authorize us to collect this information. We will use this information to identify bona fide food loans of food and shelter made to Supplemental Security Income (SSI) applicants. We will use this information to determine an income value, if any, of food and shelter the applicant received.

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on the applicant's SSI claim or could result in the loss of benefits.

We rarely use the information for any purpose other than for making a decision regarding entitlements to benefits. However, we may use it for the administration and integrity of Social Security programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist us in establishing rights to Social Security benefits and coverage;
2. 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);
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, and investigatory activities necessary to assure the integrity and improvement 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 and administered benefit programs and for repayment of payment's or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notices entitled, Claims Folders Systems, 60-0089 and Supplemental Security Income Record and Special Veterans Benefits System, 60-0103. These notices, additional 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.***