	STATEMENT OF LIV	ING ARRANGEMEN	115, IN-KIND 3	SUPPORT ANI	D MAINTENANCE			
Claimant's/Recipient's Name (Print, first, middle initial, last)			·)	Claimant's/Ro Number	Claimant's/Recipient's Social Security Number			
Claimant's/Recipient's Spouse's Name (Print if spouse apply receiving benefits)			olying or	Spouse's Soo	Spouse's Social Security Number			
Date of Change of Living Situation (If applicable)			1 .	Type of Change (Change of residence, household composition, contribution amount, etc.)				
Thi	s SSA-8006-F4 Covers the Pe	riod Beginning	Thro	ough				
PΑ	RT 1							
Pos	al Claims: Complete Part 1 who steligibility: Complete Part 1 who ntinuing Eligibility for Suppleme	en response(s) to questi	ons on the SSA-8	202 (short form S	tatement for Determining	l		
1.	CHECK THE BLOCKS WHIC	H BEST DESCRIBE YO	UR LIVING ARRA	NGEMENTS				
	A. I live (with): Alone	Eligible spouse	☐ Ineligible	spouse	☐ Parent(s)			
	Child(ren)	Essential person	Other ped	ople	Sponsor			
	B. I live in a: House	Apartment	Room (C	ommercial establi	shment)			
	Room (private home)		Other (sp	pecify)				
	C. Total number of people in h	nousehold (including you	rself)					
2.	Check "YES" or "NO" to the following questions and provide additional information as requested.							
	A. Do you (and/or your spouse spouse, or deemor) buying question 3.	you (and/or your "yes", go to	☐ YES	□ NO				
	B. Do you (and/or your spouse live? If "yes," go to D.	☐ YES	□ NO					
	C. Does anyone who lives wit If "no," go to question 3.	☐ YES	□ NO					
	D. Are you or anyone you live (landlord's spouse)?	☐ YES	□ NO					
	If "yes", indicate relationship							
	E. If you answered "yes" to B. or C., provide the following information:							
	Landlord's Name		Landlord's A	Address				
	Landlord's Phone Number	greement Began year		thly Rental Amount				

3.	help y Paym Prope	es any Agency, Organization or anyone who does not live with you pay, on pay for any of the following items: Food, Rent, Home Mortgage yments, Property Insurance (if required by Mortgage Holder), Real operty Taxes, Heating Fuel, Gas, Electricity, Garbage Removal, Water and Sewer Bills?		☐ YES		□ NO				
	If "yes," please provide the following information about each item you receive, then go to question 4.									
	Item	Name, Address	, and Telephone Numbe	r of Contributor	Frequency	In Cash	In-Kind	Dollar		
	пеш	Name	Address	Telephone Number	of Payment	III Casii	III-KIIIU	Value		
4.										
4.	If you do not live with others, skip to Part 3. If you live with others, do all the other household members receive some type of public payment based on need (e.g., TANF, BIA, SSI, VA)?				☐ YE	S	□ NO			
	IF "Yes," indicate from which agency, then go to Part 3. IF "No," go to Part 2.					ne				
PA	RT 2									
		Part 2 when individual liv		son other than, or in add	dition to, spo	use, child	l(ren), or p	erson		
1. Check "YES" or "NO" to the following questions or provide the information requested.										
	A. Do you eat all your meals out? If "Yes," go to C. If "No," go to B.					S	□ NC)		
	B. Do you buy all your food separately from other household members? C. How much is your average cash contribution per month toward the household expenses listed in 4 below.				☐ YE	S	□ NC)		
					\$					
	D. Do you have an agreement to pay back the people you live with for your share of the household expenses?					S)		
2.	1 -	If you or your spouse own or rent, show the total monthly cash contributions from others with whom you live:			\$					
3.	Check "YES" or "NO" to the following questions and provide additional information as requested only if you answered "NO" to both questions 1.A. and 1.B. and you do not own or rent the place where you live.									
	A. Is part or all of the amount in question 1.C. just for food?					S)		
	B. Is part or all of the amount in question 1.C. just				☐ YE		□ NC)		
	for shelter?									

	FROM	THROUGH	FROM	THROUGH	FROM	THROUG
CASH EXPENSES						
ood (Complete only if both 1.A. and 1.B. bove are answered "no")				·		,
Nortgage or rent						
Property insurance (if required by mortgage older)						
Real property taxes						
leating fuel						
Electricity						
Sas						
Vater						
Sewer						
Sarbage removal						
Total ARKS: You may use this space for any explanation need more space, use a signed SSA	anations. E -795.	Enter the item I	number be	efore each expl	anation.	lf you
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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 7 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.

PART 3					
YOUR RESPONSIBILITIES: Anyone who knowingly and willfurepresentation of material fact in an application or for use in decommits a crime punishable under Federal or State law or both	etermining a right to pa				
Do you understand that the information provided is subject to you authorize sources to release to the Social Security Adminineeded to verify your statements?		☐ YES	□ NO		
Do you understand that if there is any change in the informatic provided on this statement that you must report it to the Social Administration because your eligibility or benefit amount could	Security	YES	□ NO		
Do you understand that failure to report any change could rest you of \$25 to \$100 if the report is not made within 10 days after month in which the change occurred?		YES	□ NO		
Do you affirm that all the information you gave in this documer is true?	nt or in support of it	☐ YES	□ NO		
	ct Notice	Coo Dovisoo			
	Personal Information	See Revised	l		
Section 1631(e) of the Social Security Act, as amended, authorinformation you provide to determine your living arrangements to provide us with all or part of the information could prevent used could result in the loss of some payments.	orizes us to collect this b. Furnishing us this inf is from making an accu	erma Statement	er, failing our claim,		
We rarely use the information you supply for any purpose other also disclose information to another person or to another ager but are not limited to the following: 1. To enable a third party of Social Security benefits and/or coverage; 2. To comply with Fe Security records (e.g., to the Government Accountability Office determinations for eligibility in similar health and income main 4. To facilitate statistical research, audit, or investigative activity Social Security programs (e.g., to the Bureau of the Census and the Censu	ncy in accordance with or an agency to assist sederal laws requiring the e and Department of V tenance programs at the ties necessary to assu	approved routine us Social Security in est ne release of informa eterans' Affairs); 3. ne Federal, State, ar re the integrity and i	ies, which include ablishing rights to ation from Social To make ad local level; and, morovement of		
We may also use the information you provide in computer may with records kept by other Federal, State, or local government used to establish or verify a person's eligibility for federally fur payments or delinquent debts under these programs.	tching programs. Matcl : agencies. Information nded or administered b	hing programs comp from these matchin enefit programs and	are our records g programs can be for repayment of		
A complete list of routine uses for this information are available Record, 60-0090, and Supplemental Security Income Record, form, and information regarding our programs and systems, a Social Security office.	60-0103. These notice	es. additional informa	ation regarding this		
I declare under penalty of perjury that I have examined all statements or forms, and it is true and correct to the best	the information on the of my knowledge.	nis form, and on an	y accompanying		
SIGNA	TURES				
Your Signature (First Name, Middle Initial, Last Name)(Write i	n Ink)	Date (Month, Day, Year)			
Spouse's Signature (First Name, Middle Initial, Last Name)(W	Telephone Number(s) at Which You May Be Contacted During the Day (Include Area Code)				
Mailing Address (Number and Street, Apt. No., P.O. Box or Ru	ural Route)	ı			
City and State	ZIP Code	Enter Name of Cou	unty (if any)		
NOTE: If residence address is different from mailing address,	show in "Remarks".	1			
This statement does not ordinarily have to be witnessed. If he signing who know you must sign below, giving their full address	owever, you have signe	ed by mark (X), two v	vitnesses to the		
1. Signature of Witness	2. Signature of Witness				
Address (Number and Street, City, State, and ZIP Code)	er and Street, City, State, and ZIP Code) Address (Number and Street, City, State, and ZIP Code)				
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