

Certificate of Support

(There is a time limitation for the filing of this certificate. It should be filed promptly.)

DO NOT WRITE IN THIS SPACE

Enter Name of Wage Earner of Self-Employed Person
(Herein referred to as the "worker")

Enter His(Her) Social Security Number

Part 1 - Identity

I intend that this certificate shall be considered as part of my application for insurance benefits which may be payable to me under the provisions of Title II of the Social Security Act, as amended. I hereby certify that I was receiving at least one-half my support from the worker at the time specified in Item 8 of this Certificate and submit the following information as proof of the facts.

1.	Enter your full name (Print or write clearly)	
2.	Enter your date of birth (<i>Month, Day, and Year</i>)	3. Enter your Social Security number (If none, write "None")
4.	Show your relationship to the worker. (Husband, wife, widower, widow, mother, father, stepmother, adopting father, etc.) (If you indicate that you are the husband, wife, widower, or widow, Skip to item 9.)	
5.	If the worker has another living parent (<i>other than yourself</i>) enter the following information regarding the other parent	
	Full Name	Age
	Address	Relationship to Worker (<i>Father, mother, stepfather, etc.</i>)
6.	If you are a stepparent:	
	When did you marry the worker's father or mother?	Where did this marriage take place?
7.	If you are an adopting parent:	
	When did you adopt the worker?	Where did this adoption take place?

Part 2 - Support

8.	Question 9 through 19 apply to your income and support for the 12-month period ending:	Month	Day	Year
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This form must be filed no later than:	Date:
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9.	Enter the total amount of the worker's income during the 12-month period shown in item 8:	Amount: \$
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10.	(a) Did you own the dwelling in which you lived during the 12-month period show in item 8?		
	<input type="checkbox"/> Yes <i>(If "Yes," go on to item 11.)</i>	<input type="checkbox"/> No <i>(If "No," enter below the name and relationship of the person who owned the dwelling in which you lived and complete (b) and if appropriate, (c) and (d).)</i>	

Name of Owner	Relationship to you <i>(If none, write "None.")</i>
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(b) Did you pay either rent or all the costs of maintaining the property (such as repairs, mortgage, taxes, etc.)?	<input type="checkbox"/> Yes <i>(If "Yes," skip (c) and (d) and go to item 11)</i>	<input type="checkbox"/> No <i>(If "No," answer (c) and (d).)</i>
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(c) List below each person who paid the rent or the costs of maintaining the property, what each paid for, and how much:

Person Who Paid	Item Paid For	Amount
		\$
		\$
		\$
		\$

(d) What was the monthly rental value of the house? \$

11. Enter the following about the worker and any other person who lived with you or who contributed to the support of your household during the 12-month period shown in item 8. Include contributions for support, payments for room and board, household expenses, clothing, insurance and medical expenses, gifts, etc.

Name	Relationship to You	Dates Each Lived With You	Dates Each Contributed	Total Amount Contributed By Each	Date and Amount of Last Contribution	
					Date	Amount
				\$		\$
				\$		\$
				\$		\$
				\$		\$

12. If any of the contributions to you stopped before the end of the period, explain why:

13. (a) Did you furnish room and board to anyone who lived with you during the 12-month period shown in item 8?

Yes (If "Yes," complete (b).) No (If "No," go on to item 14)

(b)	Person to Whom You Furnished Room and Board	Dates Furnished	Cost or Estimated Cost of Room and Board (Monthly)	

14. (a) Did you receive any income during the 12-month period shown in item 8 from any of the sources shown below?

Yes (If "Yes," complete (b) below.) No (If "No," go on to item 15.)

(b)	Source	Income	Date You Last Received Income and Amount	
			Date	Amount
	Wages, salary, commissions, etc. (<i>Show gross amount before deductions for taxes, FICA contributions, insurance, etc.</i>)	\$		\$
	Pensions, annuities, insurance (<i>including Social Security benefits</i>)	\$		\$
	Stocks, bonds, securities, etc.	\$		\$

15. Did you or any member of the household receive any kind of public or private aid during the 12-month period shown in item 8?

Yes (If "Yes," give the following information) No (If "No," go on to item 16.)
 (Include payments for room and board, for household expenses, for clothing, for medical expenses, etc.)

Name of Person For Whom Aid Was Given	Name and Address of Agency	Total Amount Contributed by Each	Date and Amount of Last Contribution	
			Date	Amount
		\$		\$
		\$		\$
		\$		\$

16. Complete this item if you deposited or withdrew funds from a bank account during the 12-month period shown in item 8.

Owner(s) of Account	Total Deposits Made During Period	Total Withdraws Made During Period
	\$	\$
	\$	\$
	\$	\$

Privacy Act Statement Collection and Use of Personal Information

Sections 202(h) and 202(k)(5)(A) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a determination of eligibility for Social Security benefits.

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 list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0089, entitled Claims Folders Systems. Additional information about this and other system of records notices and our programs is available online at www.socialsecurity.gov or at your local Social Security office.

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 or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

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 30 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.