

Refer to:

Office Address:

Phone:

Office Hours:

Dear _____ :

We need some information about money you provided to _____ . He She has authorized us to contact you concerning any funds you may have provided for his her use. This information will help us decide if this person is eligible to receive Supplemental Security Income and the amount of the payments. Your response is voluntary. However, if you do not respond, we may not be able to determine if he she is entitled to certain payments.

We are authorized to collect the information on the enclosed questionnaire under section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383 (e)). We will not give out any of the information you give us unless we are required to by law, or unless a Federal or State agency needs the information to decide whether _____ is entitled to some type of benefit. The Federal Register describes other situations when we might use this information. If you would like information about this, call us at the number listed above.

Please fill out the attached questionnaire and return it to us in the enclosed postage paid envelope.

Thank you for your cooperation.

Sincerely yours,

Manager

Enclosures:

STATEMENT OF FUNDS YOU PROVIDED TO ANOTHER

The information below refers to: Name of Claimant _____		SSN _____
1. How much money did you provide to _____ \$ _____ (Name of individual)	2. When did you provide money to the person named above? Month/Year (MM/YYYY) _____	
3. Do you expect _____ to pay this money back to you? (Name of individual)		
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", stop here. Sign and date the end of the questionnaire		
4. Have you received any payments?		
<input type="checkbox"/> Yes If "yes", when did you receive the first payment? _____ Month/Year (MM/YYYY)		
<input type="checkbox"/> No If "no", when will payments begin? _____ Month/Year (MM/YYYY)		
5. How much are the payments? \$ _____	6. How often do you receive payments?	
7. Did _____ promise to give up any property if he/she does not keep up the payments? (Name of individual)		
<input type="checkbox"/> Yes If "yes", what? _____		
<input type="checkbox"/> No		
8. Are you charging interest?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", stop here. Sign and date the end of the questionnaire		
9. How much is the interest payment? \$ _____	10. How often do you receive an interest payment?	

Remarks:

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 (MM/DD/YYYY) _____
Mailing Address _____	Telephone Number (include area code) _____

~~**Privacy Act Statement**~~
~~**Collection and Use of Personal Information**~~

~~Section 1631(e) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the named individual's eligibility for benefits.~~

~~We will use the information you provide to help us determine eligibility for benefits. We may also share your information for the following purposes, called routine uses:~~

- ~~1. To State agencies to enable those agencies which have elected Federal administration of their supplementation programs to monitor changes in applicant or recipient income, special needs, and circumstances; and~~
- ~~2. To State agencies to enable them to assist in the effective and efficient administration of the Supplemental Security Income program.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0089, entitled Claims Folder and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy/sorn.html>.~~

~~See Revised Privacy Act &
PRA Statements attached~~

~~**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.**~~