

## 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

Changing "His (Her)" to  
 "Worker's" for consistency on our  
 forms.

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:

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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
	\$	\$
	\$	\$
	\$	\$



**Remarks:** *(This space is for more detailed answers to the above questions, if necessary. If you need more space attach a separate sheet.)*

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**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. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.**

**Signature of Applicant**

Signature ( <i>First name, middle initial, last name</i> ) ( <i>Write in ink</i> )	Date ( <i>Month, day, year</i> )
	Telephone Number ( <i>Area Code</i> )

Mailing Address (*Number and street, Apt. No., P.O. Box, or Rural Route*)

City and State	ZIP Code	Enter name of County (if any) in which you now live
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Witnesses are only required if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant making the request must sign below, giving their full addresses.

Add, "Also, print the applicant's name in the Signature block."

1. Signature of Witness	2. Signature of Witness
Address ( <i>Number and street, City, State, and ZIP Code</i> )	Address ( <i>Number and street, City, State, and ZIP Code</i> )

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

~~Section 202(h) 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 a timely and accurate decision on your eligibility for parent's or spousal benefits.~~

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

- ~~• To Federal, State, or local agencies (or agents on their behalf) for administering cash or non-cash income or health maintenance programs (including programs under the Act); and~~
- ~~• To third party contacts (including private collection agencies under contract with SSA) for the purpose of their assisting SSA in the recovering of overpayments.~~

~~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 (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy>.~~

~~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 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.~~