

**STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY FOR  
 SUPPLEMENTAL SECURITY INCOME PAYMENTS**

For Official Use Only

Name and Address

EI SSN

Spouse's Name

Spouse's SSN

Click the Ones That Apply

DO Code

- C             NC  
 M             N  
 FS-APP     FS-REF

Interviewer's Initials

Date Received

When answering questions, refer to this date

**MARITAL STATUS/TRAVEL OUTSIDE THE UNITED STATES/LIVING ARRANGEMENTS**

1.	Since the date above, has your marital status (or the marital status of your parents if you are a child) changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
2.	Since the date above, have you moved to a new address? If "yes," give the new address: ADDRESS (Number, Street, City, State, and ZIP Code)	<input type="checkbox"/> Yes <input type="checkbox"/> No DATE YOU MOVED																																																							
3.	Since the date above, have you been outside the United states (the 50 States, District of Columbia, and Northern Mariana Islands)? If "yes," please give: DATE(S) LEFT (MM/DD/YYYY)                      DATE(S) RETURNED (MM/DD/YYYY)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
4.	Since the date above, have you spent a full calendar month in a hospital, nursing home, or other institution? If "yes," please give: NAME OF INSTITUTION                      DATE ENTERED (MM/DD/YYYY)                      DATE LEFT (MM/DD/YYYY) ADDRESS (Number, Street, City, State, and ZIP Code)	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
5.	Mark X in the box which best describes where you live: <input type="checkbox"/> House <input type="checkbox"/> Room <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Rest or Retirement Home <input type="checkbox"/> Rehabilitation Center <input type="checkbox"/> Other																																																								
6.	Since the date above, has anyone moved into or out of the place where you live? (including births and deaths) If "yes," please give:	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																							
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="3">NAME</th> <th rowspan="3">RELATIONSHIP</th> <th rowspan="3">AGE</th> <th colspan="2">BLIND OR DISABLED</th> <th rowspan="3">DATE MOVED IN</th> <th rowspan="3">DATE MOVED OUT</th> <th colspan="6">INELIGIBLE CHILD</th> </tr> <tr> <th>YES</th> <th>NO</th> <th colspan="2">STUDENT</th> <th colspan="2">MARRIED</th> <th colspan="2">INCOME</th> </tr> <tr> <th></th> <th></th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td> </td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td> </td> <td> </td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </tbody> </table>	NAME	RELATIONSHIP	AGE	BLIND OR DISABLED		DATE MOVED IN	DATE MOVED OUT	INELIGIBLE CHILD						YES	NO	STUDENT		MARRIED		INCOME				YES	NO	YES	NO	YES	NO				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	(If Yes, Explain)																																																								

**LIVING ARRANGEMENTS (continued)**

7. Do any other people live in the same household with you or your spouse? If "yes," please give the following information about them (including children):  Yes  No

NAME	RELATIONSHIP	AGE AND/OR DATE OF BIRTH	BLIND OR DISABLED		INELIGIBLE CHILD						
			YES	NO	STUDENT		MARRIED		INCOME		
					YES	NO	YES	NO	YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If Yes, Explain)

8. Do all of the people who live with you receive public assistance payments? (For example, welfare, TANF, VA pension, general assistance, SSI.)  Yes  No

9. a. Do you, or your spouse living with you, own or are you buying the place where you live? If "yes," give: MONTHLY MORTGAGE PAYMENT AMOUNT:  Yes  No

b. Do you, or your spouse living with you, rent the place where you live?  Yes  No

c. If you are a child recipient living with your parents, do your parents own or rent the place where you live?  Yes  No

d. Does someone else who lives with you own or rent the place where you live?  Yes  No

e. If the place where you live is rented give,

LANDLORD'S NAME	ADDRESS (Number, Street, City, State, and ZIP Code)	LANDLORD'S PHONE	MONTHLY RENT

f. If the place where you live is rented, are you (or anyone living with you) the parent or child of your landlord or your landlord's spouse? If "yes," give the name of the household member who is the related person  Yes  No

g. If a. or b. is answered "yes." does any one who lives with you (other than your spouse) pay for or give you money for food, mortgage or rent, property insurance or taxes, heating fuel, gas, electricity, water, sewage, or garbage collection services?  Yes  No

10. Since the date on page 1, did anyone not living with you: a. Give you a free place to live?  Yes  No

b. Help you pay the mortgage, rent, property insurance, property taxes, and/or sewage charges?  Yes  No

c. Give you or help you pay for food, gas, electricity, heating fuel, water, and/or garbage collection service?  Yes  No

If "yes," to a., b., or c., complete the following:

TYPE OF HELP	SOURCE	PHONE NUMBER	MONTHLY AMOUNT	MONTHS RECEIVED
	NAME/ADDRESS (Number, Street, City, State, ZIP Code)			

**LIVING ARRANGEMENTS (continued)**

11. Since the date on page 1, did anyone give you gifts which are not cash?  
If "yes," complete the following:  Yes  No

DESCRIPTION OF ARTICLE	SOURCE		PHONE NUMBER	MONTHS RECEIVED	VALUE
	NAME/ADDRESS (Number, Street, City, State, ZIP Code)				

**EARNED INCOME**

12. Since the date on page 1, have you, or your spouse living with you, worked OR do you expect to work in the next 14 months? If "yes," please give:  Yes  No

a. Amounts for Past Months

NAME OF WORKER	EMPLOYER'S NAME, ADDRESS (Number, Street, City, State, ZIP Code) AND PHONE NUMBER	GROSS WAGES		DATES OF EMPLOYMENT
		Amount	How Often Paid	
				From: _____ To: _____
				From: _____ To: _____

b. Estimates for Current and Future Months

Month							
Amount	\$	\$	\$	\$	\$	\$	\$
Month							
Amount	\$	\$	\$	\$	\$	\$	\$

13. Since the date on page 1, have you, or your spouse living with you, been self-employed or expect to be self-employed in the current taxable year? If "yes," please give:  Yes  No

NAME OF SELF-EMPLOYED PERSON	TYPE OF BUSINESS	LAST YEAR'S		THIS YEAR'S ESTIMATED		DATES OF SELF-EMPLOYMENT
		GROSS INCOME	NET INCOME (OR LOSS)	GROSS INCOME	NET INCOME (OR LOSS)	
						From: _____ To: _____
						From: _____ To: _____

14. If you are disabled, do you have any special expenses that you paid that are related to your illness or injury and which are necessary for you to work?  Yes  No

**UNEARNED INCOME**

15. Since the date on page 1, have you, or your spouse living with you, received, or do you expect to receive in the next 14 months, any of the income listed below:

a. Private pensions, annuities (other than Social Security, SSI, or food stamps)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Unemployment or worker's compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. TANF or State or local assistance based on need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Veterans Administration benefits (based on need, not based on need, education)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Rental/lease income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Alimony or child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Dividends or royalties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Interest earned on money in bank accounts (including interest on checking accounts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Money from a trust fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Money from any other person or organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is "yes" to any of these types of unearned income, please give:

TYPE OF INCOME	RECEIVED BY	AMOUNT	FREQUENCY	DATES RECEIVED OR EXPECTED		SOURCE (Name/Address of Person, Bank, Company, or Organization)
				From:	To:	
				From:		
				To:		
				From:		
				To:		

**RESOURCES: THINGS YOU OWN**

16. Do you, or your spouse living with you, own any of the following items (answer "yes" if your name appears alone or with any other person as the owner or part owner of any of these items):

a. Cash (with you, at home, in a safe deposit box)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Checking accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Savings accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Credit union accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Christmas club accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Savings certificates/certificates of deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Promissory notes or IOU's?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Stocks or bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Achieving A Better Life (ABLE) accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Other items that can be cashed or sold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "yes," please give the following information:

NAME OF EACH ITEM	OWNER(S) OF EACH ITEM	TOTAL VALUE OF EACH ITEM	NAME AND ADDRESS OF BANK, COMPANY, OR ORGANIZATION

**RESOURCES: THINGS YOU OWN (continued)**

17. Do you give us permission to obtain any of your financial records from any financial institution?  Yes  No
18. Do you, or your spouse living with you, own or are you buying any life insurance policies?  Yes  No

If "yes," please give the following information:

NAME OF OWNER		NAME OF INSURED		NAME AND ADDRESS OF INSURANCE COMPANY	
POLICY NUMBER	TOTAL FACE VALUE OF POLICY	CASH SURRENDER VALUE	WHEN WAS THE POLICY PURCHASED	IF THERE IS A LOAN AGAINST THE POLICY, GIVE THE AMOUNT	

19. Is your name, or the name of your spouse living with you, on the title of any vehicles (for example, car, truck, boat, camper, motorcycle, etc.)?  Yes  No

If "yes," please give the following information:

NAME OF OWNER(S)	YEAR OF VEHICLE(S)	MAKE AND MODEL	CURRENT MARKET VALUE	HOW MUCH IS OWED ON VEHICLE(S)

MAIN PURPOSE FOR WHICH THE VEHICLE(S) IS USED (For example, employment, to obtain medical treatment, etc.)


20. Do you, or your spouse living with you, own or are you buying any real estate (land or buildings or other structures on the land)? (Include property outside the U.S., inherited property, life estates. Do not include your home.) If "yes," please give the following information:  Yes  No

NAME OF OWNER	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE IF KNOWN	AMOUNT OF MORTGAGE PAYMENT (If any)	AMOUNT OWED ON THE PROPERTY

DESCRIPTION (Include type and size of structures, acreage or lot size, and location of property)	USE (Describe how the property is used. If not in use, give date of last use and next planned use.)

**RESOURCES: THINGS YOU OWN (continued)**

21. Do you, or your spouse living with you, own any of the following items (answer "yes" if your name or your spouse's name appears alone or with any other person as the owner or part owner of any of these items.

- a. Other household or personal items not already mentioned worth more than \$500?  Yes  No
- b. Other equipment (business or nonbusiness) or property of any kind (not already included on this form)?  Yes  No

If "yes," please give the following information:

OWNER(S) OF EACH ITEM	NAME OF EACH ITEM	TOTAL VALUE OF EACH ITEM	HOW MUCH IS OWED ON EACH ITEM

DESCRIPTION (Where appropriate, give name and address of bank, company, or organization)	USE (Describe how the property is used. If not in use, give date of last use and next planned use.)

22. a. Do you, or your spouse living with you, own any headstones, or markers, cemetery lots, crypts, urns, mausoleums, or other repositories for burial?  Yes  No

NAME OF OWNER	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR YOUR SPOUSE	DESCRIPTION AND VALUE

b. Do you, or your spouse living with you, have any money or other assets, such as burial contracts, trusts, insurance policies, agreements, or anything else you intend to use for your burial expenses? (Include assets listed in items 16-21 if appropriate.)  Yes  No

If "yes," please give the following information:

DESCRIBE WHAT YOU HAVE SET ASIDE	VALUE	WHEN DID YOU SET IT ASIDE (MM/DD/YYYY)	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

IS IT IRREVOCABLE		NAME OF OWNER	FOR WHOSE BURIAL
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

23. a. Since the date on page 1, have you, or your spouse living with you, sold, transferred title, disposed of or given away any money, or other property, including money or property in foreign countries?	You	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Your Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If you co-owned property with another person(s), did you or any co-owner sell, transfer, or give away any co-owned money or property?	You	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Your Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "YES" to (A) or (B), complete the table. If "NO" to both, go to 24.

SOLD ON OPEN MARKET	GIVEN AWAY	TRADED FOR GOODS/SERVICES	OWNER'S/CO-OWNER'S NAME(S)	DATE OF DISPOSAL

DESCRIPTION OF PROPERTY	NAME AND ADDRESS OF PURCHASER OR RECIPIENT	RELATIONSHIP TO OWNER

VALUE OF PROPERTY AND/OR AMOUNT OF CASH GIFT	SALE PRICE OR OTHER CONSIDERATION RECEIVED	ARE ADDITIONAL CONSIDERATION OR PROCEEDS EXPECTED? EXPLAIN

DO YOU STILL OWN THE PROPERTY?		IF YES, EXPLAIN
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

24. Since the date on page 1, have you (or your spouse living with you) had any change in health insurance coverage or other insurance that pays for medical bills? (Do not include Medicare, but do include insurance such as accident, automobile, or casualty if it covers medical bills for any reason.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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25.	You	Your Spouse
a. Are you currently receiving food stamps? If YES, go to "b." If NO, go to "c."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you received a recertification notice within the past 30 days? If YES, go to "e." If NO, go to question 26.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you filed for food stamps in the last 60 days? If YES, go to "d." If NO, go to "e."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Have you received a favorable decision? If YES, go to question 26. If NO, go to "e."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is everyone in the household applying for or receiving SSI? If YES, go to "f." If NO, go to question 26.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. May I take your food stamp application today? If YES, go to question 26. If NO, explain in "g."	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Explanation		
26. a. Which language do you prefer to use when speaking to us?		
b. Which language do you prefer us to use when writing to you?		
27. Please answer the following questions:		
a. Are you age 62 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. If you are age 50 or older, are you a widow(er)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. If you are age 50 or older and divorced, is your divorced spouse deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. If you were disabled before age 22, do you have a parent who is age 62 or older, disabled, or deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28.	You	Your Spouse, if filing
a. Do you have any unsatisfied felony warrants for your arrest?	<input type="checkbox"/> Yes Go to b <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to b <input type="checkbox"/> No
b. In which state or country was this warrant issued?	Name of State/Country  Go to c	Name of State/Country  Go to c
c. Was the warrant satisfied?	<input type="checkbox"/> Yes Go to d <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to d <input type="checkbox"/> No
d. Date warrant satisfied:	MM/DD/YYYY	MM/DD/YYYY
29.	You	Your Spouse, if filing
a. Do you have any unsatisfied Federal or State warrants for violating the conditions of probation or parole?	<input type="checkbox"/> Yes Go to b <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to b <input type="checkbox"/> No
b. In which state or country was the warrant issued?	Name of State/Country  Go to c	Name of State/Country  Go to c
c. Was the warrant satisfied?	<input type="checkbox"/> Yes Go to d <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to d <input type="checkbox"/> No
d. Date warrant satisfied:	MM/DD/YYYY	MM/DD/YYYY



Remarks:

If the address where you live is different than the address where you get your mail, please give the address where you live:

ADDRESS (Number and Street)	City/State	ZIP Code
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**YOUR AUTHORIZATION**

I give my permission for the Social Security Administration to check the information I have given on this form, and to ask my employer(s) for information about my wages. I understand that the Social Security Administration will compare its records with records from other State and Federal agencies to make sure I am paid the correct amount of benefits. 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 or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

**SIGNATURES (Write in ink)**

Your Signature (First name, middle initial, last name)	Date	Area Code and Telephone Number Where You Can Be Reached
Spouse's Signature (First name, middle initial, last name) (Sign Only if Receiving SSI Payments)	Date	

**WITNESSES (Write in ink)**

If you sign by mark (X), two people who know you must witness your signing. The witnesses must sign below and give their full names and addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number, Street, City, State, ZIP Code)	Address (Number, Street, City, State, ZIP Code)

**REPRESENTATIVE PAYEE (Write in ink)**

Your Title or Relationship to the Recipient	Address (Number, Street, City, State, ZIP Code)
Area Code and Telephone Number Where You Can Be Reached	

Your full name (First name, middle initial, last name)

Please print here	Date
Please sign here	

RIGHTS AND RESPONSIBILITIES

Name	Social Security Number	Date
Name	Social Security Number	Date
Telephone Number (include area code) to call if you have a question or something to report	Social Security Office you may visit in person or send in your request:	

Privacy Act Statement  
Collection and Use of Personal Information

Section 1611(c) 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 continued Supplemental Security Income benefits eligibility.

We will use the information to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

- To contractor and other Federal agency, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs;
- To State agencies, to identify Title XVI eligibles in the jurisdiction of those States which have not elected Federal determinations of Medicaid eligibility, in order to assist those States in establishing and maintaining Medicaid rolls and in administering the Medicaid program; and
- To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

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; 60-0103, entitled SSI Record and Special Veterans Benefits, as published in the FR on January 11, 2006, at 71 FR 1830; and 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).

See Revised PRA Statement

~~**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 20 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](http://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.**~~

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### Reporting Responsibilities

- The amount of your SSI check is based on the information you tell us. To continue getting the right payment amount, you must report certain changes that happen to you. Changes could make your check bigger or smaller.
- You must tell us about changes within 10 days after the month they happen. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks you receive.
- You must also report changes in income for your ineligible spouse or children who live with you, or your sponsor or sponsor's spouse if you are an alien. You must also report if any of these people buy or sell anything of value.
- A List of Most of the Changes You Must Report Is On The Next Page.

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### How To Report Changes

You can report changes in any of the following ways:

- Call us, toll free, at 1-800-772-1213
- Call your local Social Security Office at the number at the top of this form.
- By mail or in person - see the address at the top of this form

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### Important Facts About Food Stamps

- You can apply for food stamps at the Social Security Office if you and everyone in your household get or apply for SSI
  - The Social Security Office will help you fill out the food stamp application. You do not have to go to the food stamp office to apply.
-

**CHANGES TO REPORT**

- 
- WHERE YOU LIVE** - You must report to Social Security if:
- You move.
  - You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.
  - You leave the United States for 30 days or more.
  - You are released from a hospital, nursing home, etc.
  - You are no longer a legal resident of the United States.
- 
- HOW YOU LIVE** - You must report to Social Security:
- If someone moves into or out of your household.
  - If the amount of money you pay toward household expenses changes.
  - If your former spouse dies.
  - Births and deaths of any people with whom you live.
  - Changes in your marital status:
    - You get married, separated, divorced, or your marriage is annulled.
    - You separate from your spouse or start living together again after a separation.
    - You begin living with someone as husband and wife.
    - Your spouse dies.
- 
- INCOME** - You must report to Social Security if:
- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
  - You start work or stop work.
  - Your earnings go up or down.
  - You become eligible for benefits other than SSI.
- 
- HELP YOU GET FROM OTHERS** - You must report to Social Security if:
- The amount of help (money, food or payment of household expenses) you receive goes up or down.
  - Someone stops helping you.
  - Someone starts helping you.
- 
- THINGS OF VALUE THAT YOU OWN** - You must report to Social Security if:
- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
  - You sell or give any things of value away.
  - You buy or are given anything of value.
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- YOU ARE BLIND OR DISABLED** - You must report to Social Security if:
- Your condition improves or your doctor says you can return to work.
  - You go to work.
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- YOU ARE UNMARRIED AND UNDER AGE 22** - A report to Social Security must be made if:
- You are under age 18 and live with your parent(s), ask your parents to report if they have a change in income, a change in their marriage, a change in the value of anything they own, or either has a change in residence.
  - There are changes in the income, school attendance (if between the ages of 18 and 21), or marital status of ineligible children who live in your household.
  - You get married.
  - You start or stop school.
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- YOUR IMMIGRATION AND NATURALIZATION SERVICE (INS) STATUS CHANGES** - You must report any changes to Social Security.
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- YOU ARE A REPRESENTATIVE PAYEE** - You must report to Social Security if:
- The person for whom you receive SSI checks has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
  - You will no longer be able or no longer wish to act as the person's representative payee.