

| Agreement to Sell Property | | | | Claim No. | (DO NOT USE THIS SPACE) | |
|-------------------------------------------------------------------------|-----------------|-----------------------------------------|--------------------------------|---------------------------------|-------------------------------------------------------------------------|--|
| Individual | Spouse | Parent | | | | |
| Description of Each Resource if Real Property, Show Address or Location | Names of Owners | Nature and Percentage Ownership of Each | Estimated Current Market Value | Amount Owed on Resource, if Any | Estimated Net Proceeds of Sale (After Sales Expenses & Any Amount Owed) | |
| 1. | | | | | | |
| 2. | | | | | | |

CONDITIONS OF AGREEMENT: My (*our*) resources exceed the amount which an eligible individual (*or eligible individual and spouse*) may have and still qualify for payments under Title XVI of the Social Security Act. I (*we*) hereby request that conditional payments be made to me (*us*) until I (*we*) can sell the above-described resources at their current market value. Once Social Security notifies me (*us*) that this agreement has been approved. I (*we*) agree to take all necessary and proper steps to sell the above described resources and to actively continue my (*our*) efforts to do so until the resources are sold. I (*we*) agree to sell the above-described resources for the highest price I (*we*) can get and to do so within 9 months (*3 months*) of being notified that the agreement is approved. I (*we*) also agree to notify the Social Security Administration within 5 working days after I (*we*) complete the sale. I (*we*) further agree to repay immediately all payments I (*we*) have received that would not have been paid if I (*we*) had sold the above-described resources the day I (*we*) filed application for benefits. I (*we*) further understand that if I (*we*) fail to comply with the terms of this agreement, I (*we*) will be required to make immediate refund of all payments made. (*Read the information on the back of this form.*)

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 | Address (Street and No.) | City, State, and ZIP Code | Date |
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IMPORTANT INFORMATION ABOUT THIS AGREEMENT**1. TIME LIMITS FOR SELLING PROPERTY**

The time limit during which you must sell the property is:

Real Property (Houses, Land, etc.) - 9 months from the date this agreement is approved

All Other Property - 3 months from the date this agreement is approved.

Notify your Social Security office immediately if you find you are unable to sell the property within this time limit.

2. CURRENT MARKET VALUE

When you sign the other side of this form, you agree to sell the resources described there for their current market value. This means the highest amount you can get by offering it on the open market. If you knowingly dispose of an agreed-upon resource for less than its current market value, the Social Security Administration will determine what the current market value was at the time of disposition and determine the amount of your overpayment accordingly.

3. NOTIFYING YOUR SOCIAL SECURITY OFFICE

Notify your Social Security office as soon as you sell the property. Also notify your Social Security office immediately if you encounter difficulty in selling the property or if you decide not to sell the property.

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

See Revised
Privacy Act
Statement

~~Section 1613(b) of the Social Security Act, as amended, allows us to collect this information. This information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed and could result in the loss of some benefits.~~

~~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 State agencies to enable them to assist in the effective and efficient administration of the Supplemental Security Income program; and~~
- ~~• To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its 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 Notice (SORN) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.~~

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 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. 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 regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**