

The attached SSI claim system pages are used to collect information from the SSI claimant or recipient about in-kind support and maintenance. Form SSA-8011-F3 is used to verify with the householder the information on these SSI claims system pages, which the claimant or recipient has provided. Form SSA-8011-F3 is not a replication of the collection on these SSI claims system pages. Form SSA-8011-F3 collects only the information that is needed from the householder to verify the claimant's or recipient's in-kind support and maintenance.

FACSIMILE 1: HOUSEHOLD OF ANOTHER – CLAIM IS FOR AN INDIVIDUAL

[1-D]

PERIOD EFFECTIVE DATES SS/SS/SSSS – SS/SS/SSSS

HOUSEHOLD OF ANOTHER

*INDICATES REQUIRED INFORMATION

[2-M]

*EATS ALL MEALS OUT

() YES () NO () UNKNOWN

[3-C]

*BUYS FOOD SEPARATE FROM HOUSEHOLD

() YES () NO () UNKNOWN

[4-C]

*WISH TO REBUT PRESUMED MAXIMUM VALUE (PMV)

() YES () NO () UNKNOWN

[5-C]

*CLAIMANT OR DEEMOR CONTRIBUTES TOWARD HOUSEHOLD EXPENSES

() YES () NO () UNKNOWN

[6-C]

*CLAIMANT MAKES TOKEN CONTRIBUTION

() YES () NO () UNKNOWN

[7-C]

*DEEMOR MAKES TOKEN CONTRIBUTION

() YES () NO () UNKNOWN

CONTRIBUTION AVERAGE PERIOD

[8-C] [9-C]

*DATE FROM PP/PPPP [] UNKNOWN *DATE TO PP/PPPP [] UNKNOWN

(MM/YYYY)

(MM/YYYY)

[10-C]

*CLAIMANT'S CONTRIBUTION \$9999.99 [] UNKNOWN

[11-C]

*MONTHLY LOAN AMOUNT \$9999.99 [] UNKNOWN

EXPENSE AVERAGE PERIOD

[12-C] [13-C]

*DATE FROM PP/PPPP [] UNKNOWN *DATE TO PP/PPPP [] UNKNOWN
(MM/YYYY) (MM/YYYY)

*MONTHLY EXPENSES

FOR THE PERIOD ABOVE, COLLECT THE FOLLOWING EXPENSES

[14-C]	[15-P]	[16-C]	[17-C]	[18-C]	[19-C]	[20-C]	[21-C]	[22-C]	[23-C]	[24-C]
*FOOD(\$)	*MORTGAGE	*PROPERTY	*PROPERTY	*HEATING	*ELECTRICITY(\$)	*GAS(\$)	*GARBAGE	*WATER(\$)		
*SEWER(\$)	UNKNOWN									
	OR RENT(\$)	INSURANCE(\$)	TAXES(\$)	FUEL(\$)			REMOVAL(\$)			
9999.99	PPPP.PP	9999.99	9999.99	9999.99	9999.99	9999.99	9999.99	9999.99	9999.99	9999.99

[25-D]
TOTAL MONTHLY EXPENSES \$SSSS.SS

[26-D]
PRO RATA SHARE FOR (CLAIMANT FIRST NAME + LAST NAME) – (SSN) – (RELATIONSHIP) \$SSSS.SS

DEEMOR CONTRIBUTION

[27-D]	[28-C]	[29-D]	[30-D]	[31-C]	[24-C]
DEEMOR	*DEEMOR	DEEMOR	CLAIMANT'S	*EARMARKED	UNKNOWN
	CONTRIBUTION	EXCESS	SHARE OF	FOR	
	AMOUNT(\$)	CONTRIBUTION(\$)	EXCESS(\$)		
	9999.99	SSSS.SS	SSSS.SS	--	[]

(FIRST NAME + LAST NAME) – (SSN) – (RELATIONSHIP)

[32-D]
TOTAL CONTRIBUTION FOR CLAIMANT \$SSSS.SS

[33-C]
*CONTRIBUTION AND EXPENSE VERIFICATION RECEIVED
() YES () NO

[34-O]
CONTACT PERSON XX [MAXIMUM OF 40 CHARACTERS]XX

[35-O]
PHONE (999)999-9999

[36-C]
*CLAIMANT'S CONTRIBUTION EARMARKED FOR –

[37-C]
*FOOD AMOUNT \$9999.99 [] UNKNOWN

[38-C]
*SHELTER AMOUNT \$9999.99 [] UNKNOWN

[39-D]
PRO RATA FOOD SHARE FOR (CLAIMANT FIRST NAME + LAST NAME) – (SSN) – (RELATIONSHIP) \$SSSS.SS

[40-D]
PRO RATA SHELTER SHARE FOR (CLAIMANT FIRST NAME + LAST NAME) – (SSN) – (RELATIONSHIP) \$SSSS.SS

[41-D]

TOTAL ISM FROM HOUSEHOLD FOR (CLAIMANT FIRST NAME + LAST NAME) – (SSN) – (RELATIONSHIP) \$SSSS.SS

[42-C]

*EARMARKED CONTRIBUTION VERIFIED

() YES () NO

[43-O]

[+/-] SHOW/HIDE PERSON REMARKS

[44-O]

PERSON REMARKS (PRINTED)

XX[MAXIMUM OF 1000 CHARACTERS]XX

[45-O]

[+/-] SHOW/HIDE FILE DOCUMENTATION NOTES

[46-O]

FILE DOCUMENTATION NOTES

XX[MAXIMUM OF 1000 CHARACTERS]XX

[47-O]

[CLEAR PAGE/UNDO CHANGES]