STATEMENT OF FUNDS YOU RECEIVED

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We need information from you about the money you recei	ved from:		
Information below refers to: Name of Claimant		SSN	
Name of Person Making Statement if Other Than Claimant		Relationship to claimant	
Name and address of person who gave you money:	2. How much money way		nen did you receive the oney?
	4. Do you intend to reparation money?	mo	ve you started to repay the ney? 'es When?
	If no, stop here. Sign at the end of the questionr	nd date	(MM/YYYY) When will you start? (MM/YYYY)
6. How much are your payments? 7. How often do you ma		ou promise to gi	
		If "yes" what did you promise?	
9. What do you plan to use to repay this money? (For exar	npie, income from work,	SSI, Social Sect	anty payments.)
10. Do you now or will you pay interest in the future?	11. How much inter	est do you pay?	pay? 12. How often do you make interest payments?
No If "no", stop here. Sign and date the end of the questionnaire.			
Yes If "yes", answer questions 11 and 12.			
I declare under penalty of perjury that I have examined all forms, and it is true and correct to the best of my knowledge		orm, and on any	accompanying statements or
Signature		Date	
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 may prevent us from making an accurate and timely decision in your eligibility for Supplemental Security Income (SSI) 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:

- To the following Federal and State agencies to prepare information for verification of benefit eligibility under section 1631(e) of the Social Security Act: Bureau of Indian Affairs; Office of Personnel Management; Department of Agriculture; Department of Labor; U.S. Citizenship and Immigration Services; Internal Revenue Service; Railroad Retirement Board; State Pension Funds; State Welfare Offices; State Worker's Compensation; Department of Defense; United States Coast Guard; and Department of Veterans Affairs; and
- To contractors and other Federal Agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter into a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records.

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) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422, and 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the 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 <u>Paperwork Reduction Act of 1995</u>. 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 15 minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> 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.