STATEMENT OF FUNDS YOU RECEIVED

Page 1 of 2 OMB No. 0960-0481

We need information from you about the money you receive	ved from:				
Information below refers to: Name of Claimant		SSN	SSN		
Name of Person Making Statement if Other Than Claimant		Relationsh	Relationship to claimant		
Name and address of person who gave you money:	2. How much money you?	y was given to	3. When did money?	you receive the	
		Do you intend to repay this money?		5. Have you started to repay the money?	
	yes □	No		When?	
	If no oten have Cim		_	(MM/YYYY)	
		no, stop here. Sign and date end of the questionnaire.		No When will you start? (MM/YYYY)	
6. How much are your payments? 7. How often do you make a payment? 8. Did you promise to give up any proper					
not keep up y					
			ves" what did you promise?		
9. What do you plan to use to repay this money? (For exan					
10. Do you now or will you pay interest in the future? 11. How much interest				w often do you make rest payments?	
No If "no", stop here. Sign and date the end of the questionnaire.				cot payo.	
Yes If "yes", answer questions 11 and 12.					
Anyone who knowingly makes or causes to be made a fals payment under the Social Security Act, or knowingly conce continued right to payment, or submits or causes to be sub any misrepresentation of material fact, commits a crime pu subject to administrative sanctions.	eals or fails to disclos mitted any false state	se an event witl ement or docu	n an intent to ment knowing	affect an initial or g the same to contain	
Name of person completing the form			Date		
Mailing address			Telephone n (Include area		

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.

Replace red highlighted text with new template language dated 10-1-24 attached separately in the document titled "Privacy Act Statement for SSA-2854 and SSA-2855 OPD 10.1.24"

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.