

Claimant's Statement About Loan for Shelter

The information below refers to: (Claimant's Name)	Claimant's SSN
Name of Person Making Statement if other than Claimant	Relationship to Claimant
1. Name and address of person who provided you with shelter	
2. Month(s) in which this person provided you with shelter From: _____ To: _____	
3. Have you and the above individual agreed that you will repay him/her for shelter? <input type="checkbox"/> Yes If yes, go to question 4. <input type="checkbox"/> No If No, stop, type or print name and date below.	
4. When did you and the above individual establish the agreement that you will repay him/her for shelter? _____	
5. Under the agreement to repay: How much will you repay? \$ _____ When will you repay? _____ What funds will you use? _____	
6. Have you started to repay this money? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submit or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

Name of Person Completing the Form (Print)

Mailing Address

Date Telephone Number (Include area code)

Privacy Act Statement
Collection and Use of Personal Information

Sections 1612(a)(2)(A) and 1631(e)(1)(B) of the Social Security Act, as amended, allow us to collect this information, which we will use to identify bona fide loans of shelter and determine an income value, if any, of shelter received. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on a claim for Supplemental Security Income (SSI) or could result in the loss of benefits. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0089 and 60-0103, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs.

Paperwork Reduction Act - 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 10 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 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.***