## **SOCIAL SECURITY**

Refer to:
We need information from you about the property described on the attached page. The facts you provide will help us to decide whether can receive payments from us, and if so, how much. The individual or the individual's representative has given permission for us to obtain this information.
Please answer the questions on the other side of this page. We will use your answers to decide who is responsible for payment of rent at the residence shown. We will also decide if the individual named above receives a rental subsidy. A rental subsidy can occur when someone pays less for his home that the landlord would charge other renters. If we decide that this person receives a rental subsidy, we might make lower payments or decide no payments are due.
The Social Security Administration (SSA) may routinely give out the information collected on this form without consent if a Federal law requires that we give out the information, or if a Federal or State agency needs the information to decide whether the individual named above is eligible for a health or income program such as SSI State supplementary payments, food stamps, Medicaid, energy assistance, or unemployment insurance. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.
IF YOU HAVE QUESTIONS ABOUT THIS FORM, PLEASE CALL
ON TELEPHONE NUMBER ON MONDAY THROUGH FRIDAY
BETWEEN THE HOURS OF AND .
We appreciate your cooperation in furnishing this information. For your convenience, we are enclosing a reply envelope requiring no postage.
Sincerely,
Enclosure

1.	Are you the landlord for the residence at				?	
		Yes	Go on to item 2.			
	No Complete item 6 below and return this form in the enclosed envelope.					
2.			of the rent for this residence?	the perso	n you hold respo	onsible
3.	How n	much i	rent do you charge?	\$	per _	(month or week)
4.			other than would you	u charge? \$	per _	(month or week)
5.			nt you wrote in Item 3 is less the explain)	nan the amount you wi	rote in Item 4, w	hy do you charge
6.	Address	STRE		STATE	ZIP Code	PHONE (Include area code)
	Signatur	re				DATE