

SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER	SOCIAL SECURITY NUMBER
NAME OF PERSON (If not person above)	RELATIONSHIP

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

I MOVED ON _____

I AM PAYING \$_____ A MONTH.

I HAVE ACCESS TO ADEQUATE FOOD STORAGE AND COOKING FACILITIES.
YES_____NO_____

I CONSIDER MYSELF TO BE IN A SEPARATE HOUSEHOLD WITHIN A HOUSEHOLD AND I HAVE NO RIGHT TO MAKE ANY DECISIONS IN THE RUNNING OF THE OTHER HOUSEHOLD.

I CONSIDER THIS TO BE A BUSINESS ARRANGEMENT ONLY.

I PURCHASE ALL MY FOOD SEPARATELY. YES_____ NO_____

IF NO, IS THE AMOUNT PAID A FLAT FEE FOR FOOD AND RENT?

YES_____ NO_____

IS THE RENTER RELATED TO THE LANDLORD AS PARENT OR CHILD?

YES_____ NO_____

I

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and /or State Law. I affirm that all information I have given in this document is true.

Claimants Signature: _____

Address: _____

Telephone Number: _____ Date: _____