

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 -

_____ IS PAYING \$_____ PER MONTH.

DATE OF THE MOVE: _____.

DOES HE/SHE HAVE ACCESS TO ADEQUATE FOOD STORAGE AND COOKING FACILITIES (STOVE AND REFRIGERATOR)? YES _____ NO _____
IF NO, PLEASE EXPLAIN _____

DO YOU CONSIDER HIM/HER TO BE IN A SEPARATE HOUSEHOLD WITHIN A HOUSEHOLD AND THEY HAVE NO RIGHT TO MAKE ANY DECISIONS IN THE RUNNING OF THE OTHER HOUSEHOLD? YES _____ NO _____

DO YOU CONSIDER THIS TO BE A BUSINESS ARRANGEMENT ONLY?
YES _____ NO _____

IF NO, PLEASE EXPLAIN. _____

IF HE/SHE COULD NOT PAY THE MONTHLY RENTAL AMOUNT, WOULD HE/SHE HAVE TO MOVE? YES _____ NO _____

IF THE UTILITIES INCREASE, DO YOU CHARGE HIM/HER MORE RENT?
YES _____ NO _____

DOES HE/SHE PURCHASE HIS/HER FOOD SEPARATELY? YES _____ NO _____

IF NO, IS THE AMOUNT PAID FOR RENT AND FOOD? YES _____ NO _____
(Flat fee for both food and shelter)

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.

Landlord's signature: _____

Print Landlord's Name: _____

Address: _____

Telephone Number: _____ Date: _____