SOCIAL SECURITY ADMINISTRATION STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF NUMBER HOLDER (Renter)	SSN (of NH—Complete <u>after</u> return from landlord.)
NAME OF PERSON MAKING STATEMENT (Landlord)	RELATIONSHIP (to NH)
LANDLORD'S STATEMENT -	Room Rental in Private Residence
Understanding that this statement is for the use certify that	of the Social Security Administration, I hereby
Beginning the following personal control co	son(Print renter's full name)
is paying \$ per month for room rent	in my(Enter "apartment", "trailer", "house", etc.)
1 4 1 4 1 1 11	
The renter has access to adequate food storage	and cooking facilities.
• I consider the renter to be in a separate household (he/she has no right to Yes No	
make any decisions in the running of my house	` E
• Is the renter related to the landlord as parent or	child?
Other Remarks:	
Cinci Remarks.	
We may also use the information you give us when we match records by co Federal, State or local government agencies. Many agencies may use match Federal government. The law allows us to do this even if you do not agree	ing programs to find or prove that a person qualifies for benefits paid by the
Explanations about these and other reasons why information you provide us want to learn more about this, contact any Social Security Office.	
I know that anyone who makes or causes to be i	
material fact in an application or for use in dete	
Security Act commits a crime punishable under all information I have given in this document is	
	N MAKING STATEMENT
Signature (First name, middle initial, last name) (Write in	n ink) Date (Month, day, year)
SIGN HERE	
Mailing Address (Number and street, Apt. No., P.O. Bo.	x, Rural Route) Telephone Numbers (Include Area Code)
	Home () -

ZIP Code

Form SSA-795 (2-76), E77 OP -018 (11/15/02)

City and State