Certificate of Support

	(There is a time limitation for the filing			ld be filed promptl	y.)
			DO NO	OT WRITE IN THIS S	PACE
	r Name of Wage Earner of Self-Employed Person		E	Enter Worker's Social	Security Number
(Her	ein referred to as the "worker")				
	Part	1 - Ident	ity		
the p	end that this certificate shall be considered as part of my provisions of Title II of the Social Security Act, as amende the worker at the time specified in Item 8 of this Certifica	ed. I hereby	certify that I was	eceiving at least one-	half my support
1.	Enter your full name (Print or write clearly)				
2.	Enter your date of birth (<i>MM/DD/YYYY</i>)	3. En	ter your Social Sec	urity number (If none,	write "None")
4.	Show your relationship to the worker. (Husband, wife, w (If you indicate that you are the husband, wife, widower,			, stepmother, adoptin	g father, etc.)
5.	If the worker has another living parent (other than yours	self) enter th	e following information	ation regarding the oth	ner parent
	Full Name				Age
	Address			Relationship to We mother, stepfather	
6.	If you are a stepparent:				
	When did you marry the worker's father or mother?	Where did	this marriage take	place?	
7.	If you are an adopting parent:				
	When did you adopt the worker?	Where did	this adoption take	place?	

			Part 2 - S	Support							
8.	Question 9 through 19 apply to ending:	period M	М	DD		YYYY					
	This form must be filed no late	er than:			Date	:					
9.	Enter the total amount of the witten 8:	vorker's income	during the 12-	month period		Amount: \$					
10.	(a) Did you own the dwelling ir		I during the 12 No	2-month period	d show in item 8	?					
	(If "Yes," go on to item 1	(If "Yes," go on to item 11.) (If "No," enter below the name and relationship of the person who owned the dwelling in which you lived and complete (b) and if appropriate, (c) and (d).)									
	Name of Owner			R	elationship to y	ou (If none	e, write	"Non	ne.")		
	(b) Did you pay either rent or a Yes (If "Yes," skip (c) and (d)		-	No	h as repairs, mo ver (c) and (d).)	ortgage, ta	xes, et	c.)?			
	(c) List below each person who paid the rent or the costs of maintaining the property, what each paid for, and how much:										
	Person Who Paid Item Paid For					Amount					
							\$				
							\$				
							\$				
							\$				
	(d) What was the monthly rental value of the house? \$										
11.	household during the 12-month period shown in item 8. Include contributions for support, payments for room and board, household expenses, clothing, insurance and medical expenses, gifts, etc.										
	Name	Relationship to You	Dates Each Lived With			buted		e and Amount of Last Contribution			
		10 100	You	Sommule	By Each	Da	te		Amount		
					\$			\$			
					\$			\$			
					\$			\$			

\$

\$

12. If any of the contributions to you stopped before the end of the period, explain why:

a) [Page 3 of 6
'	13. (a) Did you furnish room and board to anyone who lived with you during the 12-month period shown in item 8?							em 8?
	Yes (If "Yes," complete (b).)		lo (If "	No,"	go on to item14)			
(b) Person to Whom You Furnished Room and Board		, ,		Cos	Cost or Estimated Cost of Room and Board (Monthly)			
a) L						t the s	ources show	vn below?
(b) Source		Lincome E			Date You Last Received Income and Amount			
			Da		Da	te Amount		
	Wages, salary, commissions, etc. (Show gross amount before deductions for taxes, FICA contributions, insurance, etc.)		\$		\$			
	Pensions, annuities, insurance <i>(in Security benefits</i>)	nce (including Social		\$		\$		
	Stocks, bonds, securities, etc.		\$				\$	
Did you or any member of the household receive any kind of public or private aid during the 12-month period shown in item 8? Yes (If "Yes," give the following information) (Include payments for room and board, for household								
						ntribution		
			·		-		Date	Amount
					\$			\$
					\$			\$
					\$			\$
Complete this item if you deposited or withdrew funds from a bank account during the 12-month period shown in item 8.								
Owner(s) of Account			Total Deposits Made During Period		Total Withdraws Made During Period			
				\$			\$	
	a) [b) b) N	Room and Board A) Did you receive any income during an Did you receive any income during an Did you receive any income during an Did you receive any income during another the second and the fore deductions for taxe contributions, insurance, etc.) Wages, salary, commissions, etc. amount before deductions for taxe contributions, insurance, etc.) Pensions, annuities, insurance (in Security benefits) Stocks, bonds, securities, etc. Did you or any member of the househodern 8? Yes (If "Yes," give the follow (Include payments for room expenses, for clothing, for m Name of Person For Whom Aid Was Given Complete this item if you deposited or	Person to Whom You Furnished Room and Board a) Did you receive any income during the 12-month per Yes (If "Yes," complete (b) below.) N y Source Wages, salary, commissions, etc. (Show gross amount before deductions for taxes, FICA contributions, insurance, etc.) Pensions, annuities, insurance, etc.) Pensions, annuities, insurance (including Social Security benefits) Stocks, bonds, securities, etc. Vid you or any member of the household receive any kir em 8? Yes (If "Yes," give the following information) (Include payments for room and board, for ho expenses, for clothing, for medical expenses, Name of Person For Whom Aid Was Given Name and Add Agency Complete this item if you deposited or withdrew funds fr	Person to Whom You Furnished Room and Board	Person to Whom You Furnished Room and Board	Description Person to Whom You Furnished Room and Board Dates Furnished Person to Whom You Furnished Room and Board Dates Furnished Parson to Whom You Furnished Room and Board Furnished a) Did you receive any income during the 12-month period shown in item 8 from any o Pression on the state of the tem in tem 8 from any o Pensions, annuities, insurance (b) below.) No (If "No," go on to item 15.) a) Source Income Wages, salary, commissions, etc. (Show gross amount before deductions for taxes, FICA contributions, insurance, etc.) No (If "No," go on to item 15.) Pensions, annuities, insurance (including Social Security benefits) \$ Stocks, bonds, securities, etc. \$ Id you or any member of the household receive any kind of public or private aid during em 8? Total Amount Contributed by Ee Name of Person For Whom Aid Was Given Name and Address of Agency Total Amount Contributed by Ee Name of Person For Whom Aid Was Given Name and Address of Agency S Scouplete this item if you deposited or withdrew funds from a bank account during the During Period Total Deposits Mac During Period	Description Person to Whom You Furnished Dates Cos Room and Board Furnished Cos a) Did you receive any income during the 12-month period shown in item 8 from any of the s	Description Person to Whom You Furnished Room and Board Dates Furnished Cost or Estimation and Board a) Did you receive any income during the 12-month period shown in item 8 from any of the sources show

\$

\$

\$

\$

17. Give the nature and amount of any other funds which were used for support (or saved) during the 12-month period shown in item 8.

18. State the nature and amount of your debts, if any, at the end of the period shown in item 8. (If none, write "None.")

Description	Date Incurred	Amount
		\$
		\$
		\$

19. State any additional facts which you believe tend to show that you were receiving at least one-half of your support from the worker during the period shown in item 8.

Remarks: (This space is for more detailed answers to the above questions, if necessary. If you need more space attach a separate sheet.)

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

Signature	e of Applicant			
Signature (First name, middle initial, last name) (Write in ink)	Date (<i>MM/DD/YYYY</i>)			
		Telephone Number (Area Code)		
Mailing Address (Number and street, Apt. No., P.O. Box, or Ru	ral Route)			
City and State	ZIP Code	Enter name of County (if any) in which you now live		
Witnesses are only required if this application has been signed signing who know the applicant making the request must sign be in the Signature block.	•	• • • • • • • • • • • • • • • • • • • •		
1. Signature of Witness	2. Signature of Witness			
Address (Number and street, City, State, and ZIP Code)	Address (Number	and street, City, State, and ZIP Code)		

Section 202(h) of the Social Security Act, as amended, allows us to collect your information, which we will use to determine benefits eligibility. Providing the information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on your eligibility for parent's or spousal benefits. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice 60-0089, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs for Federal benefits eligibility and to recoup debts under these programs.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **Send** <u>only</u> comments regarding this **burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.