

STATEMENT OF FUNDS YOU RECEIVED

We need information from you about the money you received from:

Information below refers to: Name of Claimant	SSN
Name of Person Making Statement if Other Than Claimant	Relationship to claimant

1. Name and address of person who gave you money:	2. How much money was given to you?	3. When did you receive the money?
	4. Do you intend to repay this money? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", stop here. Provide name and date at the end of the questionnaire.	5. Have you started to repay the money? <input type="checkbox"/> Yes When? _____ (MM/YYYY) <input type="checkbox"/> No When will you start? _____ (MM/YYYY)
6. How much are your payments?	7. How often do you make a payment?	8. Did you promise to give up any property if you do not keep up your payments? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" what did you promise?
9. What do you plan to use to repay this money? (For example, income from work, SSI, Social Security payments.)		

10. Do you now or will you pay interest in the future? <input type="checkbox"/> No If "No", stop here. Provide name and date at the end of the questionnaire. <input type="checkbox"/> Yes If "Yes", answer questions 11 and 12.	11. How much interest do you pay?	12. How often do you make interest payments?
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Anyone who knowingly makes or causes to be made a false statement or representation of material fact for use in determining a payment under the Social Security Act, or knowingly conceals or fails to disclose an event with an intent to affect an initial or continued right to payment, or submits or causes to be submitted any false statement or document knowing the same to contain any misrepresentation of material fact, commits a crime punishable under Federal law by fine, imprisonment, or both, and may be subject to administrative sanctions.

Name of person completing the form	Date
Mailing address	Telephone number (Include area code)

**Privacy Act Statement
Collection and Use of Personal Information**

Section 1613 of the Social Security Act, as amended, allows us to collect this information, which we will use to determine eligibility for benefits. Providing the information is voluntary, but not providing all or part of the information may delay our determination for eligibility for benefits. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices 60-0089 and 60-0103, 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 Paperwork Reduction Act of 1995. 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 OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.****