Statement of Household Expenses and Contributions

CLAIMANT'S/BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER

NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE

NAME OF PERSON MAKING THIS STATEMENT

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

☐ PART 1 - MONTHLY HOUSEHOLD EXPENSES

For household expenses that change from month to month, show the **average** monthly amount of money your household has spent per month for the period _____ through _____.

For the household expenses that are usually the same from month to month (like rent), show the amount your household spent per month as of _____.

Write "0" under amount if your household has not spent any money for one of the expenses.

HOUSEHOLD EXPENSES	MONTHLY TOTAL SPENT
1. Rent or Mortgage Payment	$
2. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	$
3. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	$
4. Electricity	$
5. Gas	$
6. Heating fuel (wood, coal, oil, kerosene, etc.)	$
7. Water	$
8. Sewerage	$
9. Garbage Removal	$

☐ PART 2 - CONTRIBUTIONS TO HOUSEHOLD EXPENSES

In the spaces below, show the amount of money the person(s) named gave for the household expenses listed in Part 1. Provide your answer for the blocks we have checked.

NAME	☐ AVERAGE MONTHLY AMOUNT GIVEN from through	☐ AMOUNT GIVEN in
	$	$
	$	$
	$	$

☐ PART 3 - OTHER ARRANGEMENTS

☐ Do others within the household pay for or provide you with all your meals? ☐ Yes ☐ No

☐ Do(es)	pay a certain amount for the household shelter expenses?	☐ Yes ☐ No

If "Yes" how much each month?	AMOUNT
Name	$
Name	$
Name	$

PART 4 - REMARKS - Use this space for any additional explanations.

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 submit 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 (Print)

Mailing Address

Date	Telephone Number (Include area code)

Privacy Act Statement
Collection and Use of Personal Information

Sections 1612(a)(2) and 1631(e)(1) of the Social Security Act, as amended, allow us to collect this information, which we will use to verify household expenses and contributions of the named Supplemental Security Income (SSI) claimant or recipient to determine eligibility and benefit payment amount. Providing this information is voluntary, but not providing all or part of the information may prevent an accurate and timely decision on benefit eligibility and benefit payment amount or could result in the loss of benefits of the named claimant. 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 (SORN) 60-0089, 60-0103, and 60-0320, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs 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 2 minutes to read the instructions, gather the facts, and answer the questions. ***Send only 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.*