

WHAT IS THE SSA-8010-BK, AND WHEN DO YOU USE IT

The purpose of this presentation is to provide training on how to complete the Statement of Income and Resources, form SSA-8010-BK.

In order to apply for SSI, you must complete and submit an application for benefits. We encourage you to apply online at www.ssa.gov. If you are unable to apply online, most forms are available online at www.ssa.gov/forms.

The SSA-8010-BK is used when the person applying for SSI (“applicant”) is a minor or dependent, and either an Abbreviated/Deferred or Full Application for SSI was submitted.

The Social Security Act requires that the income and resources of “deemors” (parent, essential person, sponsor of an alien) and ineligible children other than the applicant and eligible spouses be included, when determining applicant’s eligibility for SSI benefits. Counting the income and resources of the deemors is a concept called deeming.

Before you begin filling out the SSA-8010, please make sure you have the following information available:

- Applicant’s name, date of birth, Social Security Number, address, and telephone number.
 - If the applicant is an adult, the same information for his or her spouse.
 - If the applicant is a child, the same information for his or her custodial parent(s).
- Income and resource information for the deemors and ineligible children.

ADDITIONAL REQUIRED FORMS

If the person applying for SSI (“applicant”) is under age 65, and blind or disabled, then you may complete either SSA-8000 or SSA-8001, and:

If the applicant is applying for disability benefits, and is age 18 or older, then you also will need to complete:

- SSA-3368-BK, Disability Report, Adult,
- SSA-3369-BK, Work History Report,
- SSA-3373-BK, Adult Function Report,
- Function Report Adult – Third Party Form – SSA-3380-BK, and
- SSA-827, Authorization to Disclose Information to the Social Security Administration.

If the applicant is applying for disability benefits, and is younger than age 18, then you also will need to complete:

- SSA-8010-BK, Statement of Income and Resources
- SSA-3820-BK, Disability Report, Child,
- SSA-3881-BK, Questionnaire for Children Claiming SSI Benefits,
- A Function Report based on the child’s age:
 - SSA-3375–BK — Function Report - Child Birth to 1st Birthday
 - SSA-3376–BK — Function Report - Child Age 1 to 3rd Birthday
 - SSA-3377–BK — Function Report - Child Age 3 to 6th Birthday
 - SSA-3378–BK — Function Report - Child Age 6 to 12th Birthday
 - SSA-3379–BK — Function Report - Child Age 12 to 18th Birthday
- SSA-827, Authorization to Disclose Information to the Social Security Administration

All completed forms should be submitted to the local Social Security Administration office for processing. Most forms are available online at www.ssa.gov/forms.

Provide applicant's name. Consult with
Claims Specialist for earlier protective filing.

STATEMENT OF INCOME AND RESOURCES

I am/We are providing this statement on behalf of _____
to determine his/her eligibility for Supplemental Security Income and any
federally administered State supplementation under title XVI of the Social
Security Act, for benefits under the other programs administered by the
Social Security Administration, and where applicable, for medical assistance
under title XIX of the Social Security Act.

D.O. Use
Name of Applicant/Recipient
Social Security Number
Filing Date MM ____ DD ____ YYYY ____ OR Date of Last Determination MM ____ DD ____ YYYY ____

PERSONS REPORTING INCOME AND/OR RESOURCES

First Name, Middle Initial, Last Name	Spouse's Name (First, middle initial, last)
Social Security Number	Social Security Number
Check Which: <input type="checkbox"/> Sponsor <input type="checkbox"/> Ineligible Child <input type="checkbox"/> Parent <input type="checkbox"/> Essential Person	Check Which: (Spouse of) <input type="checkbox"/> Sponsor <input type="checkbox"/> Parent

1. PUBLIC INCOME MAINTENANCE PAYMENTS (Governmental Assistance Based on Need)	You	Your Spouse
(a) Have you received any of the public income maintenance payments listed in (b) below since the first moment of the filing date month or the last determination, or do you expect to receive them in any of the next 14 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #3	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #3

(b) Give the following information about the payments:

TYPE	REC'D BY	HOW OFTEN	PERIOD COVERED BY INCOME	EXPECTED RECEIPT DATE*	AMOUNT	IDENTIFICATION NUMBER	SOURCE
Supplemental Security Income	You Your Spouse	Monthly			\$		Social Security Administration
State or Local Government Assistance Based on Need	You Your Spouse				\$ >		
Refugee Assistance Payments Based on Need	You Your Spouse				\$ >		
Aid to Families with Dependent Children	You Your Spouse				\$ >		
General Assistance from the Bureau of Indian Affairs	You Your Spouse				\$ >		Bureau of Indian Affairs
Disaster Relief	You Your Spouse				\$		
Veterans Benefits Based on Need	You Your Spouse				\$		Dept. of Veterans Affairs

* If you are not receiving this income this month but expect it, enter the date you think you will receive it.
> If your share of the grant is unknown, enter the amount of the monthly family grant.

2. OTHER INCOME YOU RECEIVED WHILE RECEIVING PUBLIC INCOME MAINTENANCE PAYMENTS	You	Your Spouse
(a) Have you received any other income in addition to any public income maintenance payments shown in #1?	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #6	<input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #6

For the person's income being reported, select the appropriate relationship to the applicant: **Sponsor** is an individual who signs affidavit of support to support an alien (non-U.S. citizen with legal status); **Ineligible Child** natural, adopted child who is unmarried under age 18 or student under 22 who lives in the same household as applicant; **Parent** natural or adoptive of minor, or **Essential Person** is someone who continuously lived in **Qualified individual's** (recipient of State assistance plan of December 1973) home since December 1973 and never been eligible for SSI or State assistance for December 1973.

2(a) Indicate if any other income was received by person while receiving governmental assistance income based on need. If no, go to question 6.

Write in the name of either the sponsor, ineligible child, parent or essential person, along with their Social Security number. If sponsor or parent is married, provide the spouse's name and Social Security number. If spouse is named, then answer all questions on the questionnaire pertaining to the spouse.

1(a) Indicate if government assistance income was received by the person, as of the month of filing, last determination date or expect to receive within the next 14 months. If no, proceed to question 3.

1 (b) Provide how often the payment is received, period covered by the income, amount received, account number and the source of the income. In addition, provide any expected receipt date of the income, if not receiving now.

3(a) Indicate if wages were received from month of filing or since last determination for SSI benefits. If no, proceed to section 'd'

3(b) Provide name and address of employer, where wages were earned and list the monthly gross amounts in 3(c).

3(d) Mark If person and spouse expects to receive any wages in the next 14 months.

3(e) If employer information differs from 3b, then provide name, address and telephone number of employer, where wages were earned.

2. (b) If you are:		Then:	
• The sponsor of an alien • The spouse of a sponsor • An essential person		Answer questions 3, 4, and 5 about your other income.	
• A parent • The spouse of a parent		If you have received these public income maintenance payments continuously since the date shown on page 1 AND you expect to continue receiving these payments this month and for the next 14 months, go to #6; OTHERWISE, go to #3.	
• An ineligible child		If you have received and expect to continue receiving these public income maintenance payments as described above, go to #17; OTHERWISE, go to #3.	

3. (a) Have you received wages since the first moment of the filing date month or since the last determination?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to (d)		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to (d)	
(b) Name and Address of Employer (include telephone number and area code, if known)					
You			Your Spouse		
(c) Total wages received (before any deductions) for each month:					
You	Month(s)				
	Amounts				
Your Spouse	Month(s)				
	Amounts				
(d) Do you expect to receive any wages in the next 14 months?				You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (e) Go to #4	
				Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (e) Go to #4	
(e) Name and address of employer if different from 3(b) (include telephone number and area code, if known)					
You			Your Spouse		
(f) Give the following information:					
RATE OF PAY		AMOUNT WORKED PER PAY PERIOD	HOW OFTEN PAID	PAY DAY OR DATE PAID	DATE LAST PAID (MM/DD/YYYY)
You	\$ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Spouse	\$ <input type="text"/> per <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Do you expect any change in wage information provided in 3(f)?				You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (h) Go to #4	
				Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (h) Go to #4	
(h) Explain change:					
You			Your Spouse		

2(b) If the person is a sponsor, the spouse of a sponsor or an essential person, then proceed to questions 3, 4 and 5. If the person is a parent or spouse to a parent and income received since the date shown on page 1 and is expected to last for the next 14 months, then proceed to question 6. With the same income criteria for a parent, but the person is an ineligible child, then proceed to question 17.

3(f) Provide the rate of pay, hours worked, how often and when person is paid.

3(g) If person and/or spouse expects a change in wage information, then provide an explanation of the change in 3(h).

5(a) Indicate whether the person and spouse, as of the month of filing, have received or expect to receive income in the next 14 months from federal or state agencies, private or financial institutions. List any other income received that has not been previously mentioned on this questionnaire.

4(b) Write in the type of business, detailed wages for last year and this year along with their self-employment dates.

5(b) For the 'yes' answers in 5a, provide the details on the type of income, amount, frequency, date received or expected, source of income and identifying account number.

6(a) Aside from the house the person is living in, please indicate if they own any real estate, regardless of location. If yes, in 6(b) provide detailed description and usage of the real estate property.

5. (b) Give the following information for any "Yes" answer in 5(a); otherwise go to #6

Person Receiving	Type of Income	Amount	Frequency	Dates Expected or Received	Source (Name/Address of Person, Bank, Company, or Organization)	Identifying Number
You		\$		From: To:		
You		\$		From: To:		
You		\$		From: To:		
Your Spouse		\$		From: To:		
Your Spouse		\$		From: To:		
Your Spouse		\$		From: To:		

6. RESOURCES

(a) Do you own or are you buying any real estate other than the home in which you live?

You

☐ Yes ☐ No

Go to (b) Go to #7

Your Spouse

☐ Yes ☐ No

Go to (b) Go to #7

(b) Give the following information:

DESCRIPTION OF PROPERTY (Include type and size of structure, acreage or lot size, location.)

HOW IS IT USED? (If not used now, when was it last used and what is next planned use?)

Item 1

Item 2

OWNER'S NAME	ESTIMATED CURRENT MARKET VALUE	TAX ASSESSED VALUE	AMOUNT OF MORTGAGE PAYMENT	AMOUNT OWED ON ITEM
Item 1	\$	\$	\$	\$
Item 2	\$	\$	\$	\$

7.

(a) Do you own or does your name appear on the title of any vehicles; e.g., cars, trucks, boats, motorcycles, etc. ?

You

☐ Yes ☐ No

Go to (b) Go to #8

Your Spouse

☐ Yes ☐ No

Go to (b) Go to #8

OWNER'S NAME	DESCRIPTION (YEAR, MAKE & MODEL)	USED FOR	EQUIPPED FOR HANDICAPPED?		CURRENT MARKET VALUE	AMOUNT OWED
			YES	NO		
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

7(a) Indicate if person's name appears on the title of any vehicles, such as cars, boats, motorcycles, regardless of possession. If yes, in 7(b) provide the names of all owners, description of vehicles, whether vehicles are equipped for handicap access, current market value and if any balance is owed on the vehicles.

8.		(a) Do you own or are you buying any life insurance policies?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #9		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #9	
(b) Give the following information on each policy:							
	OWNER'S NAME	NAME OF INSURED	NAME AND ADDRESS OF INSURANCE COMPANY				
Policy (#1)							
Policy (#2)							
Policy (#3)							
	POLICY NUMBER	FACE VALUE	CASH SURRENDER VALUE	DATE PURCHASED	LOANS AGAINST		
					YES	NO	
Policy (#1)		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Policy (#2)		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Policy (#3)		\$	\$		<input type="checkbox"/>	<input type="checkbox"/>	

9.		(a) Do you (either alone or jointly with any other person) own any:		You <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Life estates or ownership interest in an unprobated estate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Items acquired or held for their value as an investment?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other equipment (business or non-business) or property of any kind?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Give the following information for any "Yes" answer in 9(a); otherwise go to #10:							
	OWNER'S NAME	NAME OF ITEM	VALUE	AMOUNT OWED ON ITEM	WHERE APPROPRIATE, GIVE NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION		
			\$	\$			
			\$	\$			

10.		(a) Do you own or does your name appear (either alone or with any other person's name) on any of the following items?		You <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cash at home, with you, or anywhere else			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Checking Accounts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Savings Accounts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Credit Union Accounts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Christmas Club Accounts			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Certificates of Deposit			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stocks or Mutual Funds			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bonds			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other items that can be turned into cash			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9(a) Indicate whether person's name appears on life estate, unprobated estate, or holding items for investment purposes, or holding equipment or property of any kind that can be converted to cash. If yes, complete 9(b) with owner's name, type of item owned, the value, any amount owed and provide organization's name and addresses when applicable.

8(a) Does the person have any life insurance policies?
8(b) If yes, provide the details for the policy, including owner's name, the insured person, name and address of company, policy number, values, dates purchased and any loans against the policy.

10(a) Indicate whether the person and/or spouse's names appear on any resources regardless of possession.

10. (b) Give the following information for any "Yes" answer in 10(a); otherwise go to #11.

OWNER'S NAME	NAME OF ITEM	VALUE	NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION IF APPROPRIATE	AMOUNT OWED ON ITEM
		\$		\$
		\$		\$
		\$		\$
		\$		\$

10(b) If yes to any resources in 10a, then provide names of all owners, type of resources, value, name and addresses of financial institutions or organizations and any amount that is owed on the resources.

11. Do you give us permission to obtain any financial records from any financial institution?	You <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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11) Indicate whether the person authorizes SSA to obtain financial records.

12. (a) Do you have any assets set aside for burial expenses such as burial contracts, trusts, agreements, or anything else you intend for your burial expenses? Include any assets mentioned in items #6 through #10 above.	You <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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12(a) Indicate whether any of the assets or resources listed in questions 6-10 are set aside to pay for burial.

12(b) Describe assets or resources that are set aside for burial, along with the value, when it was set aside, owner's name, for whose burial, if burial item is irrevocable and if any interest or appreciation earned will remain in the burial fund.

	(b) DESCRIPTION (Where appropriate, give name and address of organization and account policy number)	VALUE	WHEN SET ASIDE (MM/DD/YYYY)	OWNER'S NAME
Item 1		\$		
Item 2		\$		
	FOR WHOSE BURIAL	IS ITEM IRREVOCABLE?	WILL INTEREST EARNED OR APPRECIATION IN VALUE REMAIN IN THE BURIAL FUND?	
Item 1		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to #13 <input type="checkbox"/> No Explain in (c)	
Item 2		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Go to #13 <input type="checkbox"/> No Explain in (c)	

(c) Explanation:

Item 1	
Item 2	

12(c) Provide an explanation, if any interest or appreciation earned will not remain in the burial fund.

13. (a) Do you own any cemetery lots, crypts, caskets, vaults, urns, mausoleums or other repositories for burial or any headstones or markers?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #14		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #14	
(b)					
OWNER'S NAME	DESCRIPTION	FOR WHOSE BURIAL	RELATIONSHIP TO YOU OR YOUR SPOUSE	CURRENT MARKET VALUE (if applicable)	
				\$	
				\$	
14. (a) Are you the sponsor of an alien admitted for permanent residence in the United States?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #18		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #18	
(b) If you are filing this report on behalf of the alien claimant/recipient, go to #15. If you are filing this report on behalf of your child (or your spouse's child) who is applying for/eligible for SSI, go to #17.					
15. (a) Do you have any dependents?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #16		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to (b) Go to #16	
(b) Give the following information about your dependent(s):					
NAME		RELATIONSHIP TO YOU OR SPOUSE		FILING FOR/RECEIVING SSI	
16. A sponsor may be liable for any overpayments made to an alien that result from the sponsor's failure to provide correct information regarding deemable income and resources. Do you agree to notify the Social Security Administration immediately about any changes in your income and resources and do you also agree to report any change in your address?		You <input type="checkbox"/> Yes <input type="checkbox"/> No Go to #18 Explain in Remarks and go to #18		Your Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No Go to #18 Explain in Remarks and go to #18	
17. Give the following information about the alien(s) you sponsor:					
NAME OF ALIEN	SOCIAL SECURITY NUMBER	SPONSOR		DATE OF ADMISSION	FILING FOR/RECEIVING SSI
		You	Spouse		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

14(a) Indicate if the person is a sponsor to an alien. If no, proceed to question 18.

14(b) If person is the sponsor to alien applicant, then proceed to 15. If person is the sponsor to their child or spouse's child, then proceed to 17.

17) If person is a sponsor, provide the name of the alien, their Social Security number, whether sponsor is self or spouse, entry date to the U.S. and whether sponsored alien is filing for or receiving SSI benefits.

13(a) Indicate if person has any burial-related assets such as burial spaces, contracts, headstones, etc. If yes, in 13(b) provide owner's name, description of asset, reserved for whose burial, relationship to person or spouse and the value of the burial asset.

15(a) Indicate if sponsor have dependents. If yes, list their names in 15(b) along with their relationship to sponsor or spouse and whether they are filing for or receiving SSI benefits.

16) Indicate if sponsor agrees to notify SSA of any changes in their income and resources that may be countable toward alien applicant.

REMARKS - (You may use this space for any explanations. Enter the item number before each explanation. If you need more space, use a signed form SSA-795).

Remarks) The additional space is provided for responses that may not be captured in previous sections of the questionnaire. Please preface the answer with the numbered question.

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

- Failure to report any change within 10 days after the end of the month in which the change occurs could result in a penalty deduction.
- The Social Security Administration will check your statements and compare its records with records from other State and Federal agencies, including the Internal Revenue Service, to make sure the applicant recipient is paid the correct amount. We have asked you for permission to obtain, from any financial institution, any financial record about you that is held by the institution. We will ask financial institutions for this information whenever we think it is needed to decide if the SSI applicant or recipient is eligible or continues to be eligible for SSI benefits. Once authorized, our permission to contact financial institutions remains in effect until one of the following occurs: (1) you notify us in writing that you are canceling your permission, (2) we no longer consider your income and resources to be available to the SSI applicant or recipient, (3) the SSI applicant is denied benefits in a final decision, or (4) the SSI recipient's eligibility for benefits terminates. If you do not give or cancel your permission the SSI applicant or recipient may not be eligible for SSI and we may deny their claim or stop their payments.

Please read carefully the Important information. Report any changes listed on page 11. Failure to report changes timely may result in a penalty deduction.

SIGNATURES

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.

18. Your Signature (<i>First name, middle initial, last name</i>) (<i>Write in ink</i>)		DATE (<i>MM/DD/YYYY</i>)
		Telephone number(s) at which you may be contacted during the day
Spouse's Signature (<i>First name, middle initial, last name</i>) (<i>Write in ink</i>)		
NOTE: If you are the representative payee and are filing this statement on behalf of another person (other than your spouse), please print below your full name, followed by your title or relationship to the person whose income and resources you are reporting (for example, "John J. Jones, Son").		
Name (<i>First, middle initial, last</i>)		Title or Relationship
Your Mailing Address (<i>Number and Street, Apt. No., P.O. Box or Rural Route</i>)		
City and State	ZIP Code	Enter name of county (if any) in which you live
Your Residence Address (<i>if different from your mailing address</i>)		
City and State	ZIP Code	Enter name of county (if any) in which you live
WITNESSES		
Your statement does not normally have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.		
1. Signature of Witness		2. Signature of Witness
Address (<i>Number and street, city, state, and ZIP code</i>)		Address (<i>Number and street, city, state, and ZIP code</i>)

Note) If you are the representative payee for the person whose information you're disclosing on the questionnaire, then complete your name, relationship, mailing and residence address.

Witness) If the person is unable to sign, or signs with an 'X', then signatures of two witnesses are required, along with the witnesses' addresses.

18) Person must sign, date and provide phone number. If spouse's information is declared on questionnaire, then they should sign.

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

Sections 1612(a), 1613(a), 1614(f), 1621, and 1631(e) of the Social Security Act, as amended allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent and accurate and timely decision on the claim filed.

We will use the information to make an initial or continuing Supplemental Security Income (SSI) eligibility determination. We may also share your information for the following purposes, called routine uses:

1. To State agencies to enable them to assist in the effective and efficient administration of the SSI program; and
2. To representative payees, when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting the Social Security Administration in administering its representative payment responsibilities under the Social Security Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees.

In addition, we may share this information in accordance with the Privacy Act and other federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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 control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is 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.*

NAME OF SSI CLAIMANT/RECIPIENT	SOCIAL SECURITY NUMBER	DATE

Reporting Responsibilities

The amount of a Supplemental Security Income check is based on the information told to us. You must tell Social Security every time there is a change - while we process this application **AND** if the person named above starts receiving Supplemental Security Income. So that the individual continues getting the right payment amount, you must report certain changes that happen to you.

Remember a change may make the SSI monthly payment bigger or smaller. Report changes in your income and the income of your husband/wife or a child who lives with you. You must also report changes in things of value that you and your spouse own.

You must tell us about any change within 10 days after the month it happens. If you do not report changes, we may have to take as much as \$25, \$50, or \$100 out of future checks the individual is due.

- **HOW TO REPORT** You can make your reports by telephone at the telephone number shown below or you may report in person or by mail at the address shown below. See reverse side of this page for "Changes to Report."

Telephone Number (include area code) to call if you have a question or something to report.

Social Security Office you may come in person or mail your request to:

The person and spouse must review the Privacy Act Statement and retain for their records.

CHANGES TO REPORT

**WHERE YOU LIVE - You must report to Social Security if:**

- You move.
- You are no longer a legal resident of the United States.
- You (or your spouse) leave your household for a calendar month or longer. For example, you enter a hospital or visit a relative.

**HOW YOU LIVE - You must report to Social Security if:**

- Someone moves into or out of your household.
- Your marital status changes:
 - You get married, separated, divorced, or your marriage is annulled.
 - You separate from your spouse or start living together again after a separation.
 - You begin living with someone as husband and wife.
- The amount of money you pay toward household expenses changes.
- Births and deaths of any people with whom you live.

**INCOME - You must report to Social Security if:**

- The amount of money (or checks or any other type of payment) you receive from someone or someplace goes up or down or you start to receive money (or checks or any other type of payment).
- You start work or stop work.
- Your earnings go up or down.

**HELP YOU GET FROM OTHERS - You must report to Social Security if:**

- The amount of help (money, food, or payment of household expenses) you receive goes up or down.
- Someone stops helping you.
- Someone starts helping you.

**THINGS OF VALUE THAT YOU OWN - You must report to Social Security if:**

- The value of your resources goes over \$2,000 when you add them all together (\$3,000 if you are married and live with your spouse).
- You sell or give any things of value away.
- You buy or are given any thing of value.

**YOU ARE UNMARRIED AND UNDER AGE 21 - A report to Social Security must be made if:**

- You stop or start school.
- Your income changes.
- You get married.

**YOU ARE SELECTED AS A REPRESENTATIVE PAYEE - You must report to Social Security if:**

- The person for whom you are filing this statement has any of the changes listed above. (You may be held liable if you do not report changes that could affect the SSI recipient's payment amount, and he/she is overpaid.)
- You will no longer be able or no longer wish to act as that person's representative payee.

The person and spouse should read through the changes to report and retain it for records. Failure to report changes timely may result in an incorrect payment and/or penalty deduction.