

SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT <i>(If other than above wage earner, self-employed person, or SSI claimant)</i>	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that _____

PART A

I RENT A ROOM FROM _____ THIS IS A BUSINESS ARRANGEMENT. WE ARE NOT MEMBERS OF THE SAME ECONOMIC HOUSEHOLD. WE DO NOT POOL OUR FUNDS FOR DWELLING EXPENSES AND DO NOT SHARE IN DECISIONS ON HOME REPAIRS, IMPROVEMENTS, AND OTHER EXPENSES.

_____ I PAY \$ _____ PER MONTH FOR ROOM RENTAL. I PURCHASE MY OWN FOOD SEPARATELY.

_____ I PAY \$ _____ PER MONTH FOR ROOM AND BOARD.

PART B

_____ I HAVE AN AGREEMENT WITH _____ FOR REPAYMENT OF THE FUNDS OR THE FOOD AND/OR SHELTER I HAVE RECEIVED. I WILL REPAY THEM FROM MY FUTURE INCOME.

_____ I DO NOT HAVE AN AGREEMENT WITH _____ FOR REPAYMENT OF THE FUNDS OR THE FOOD AND/OR SHELTER I HAVE RECEIVED.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature <i>(First name, middle initial, last name) (Write in ink)</i>	Date <i>(Month, day, year)</i>
SIGN HERE θ	Telephone Number <i>(Include Area Code)</i>

Mailing Address *(Number and street, Apt. No., P.O. Box, Rural Route)*

City and State	ZIP Code
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Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual 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>

LANDLORD'S STATEMENT-SEPARATE HOUSEHOLDS

_____ RENTS A ROOM IN MY HOME. THIS IS A BUSINESS ARRANGEMENT; WE ARE NOT MEMBERS OF THE SAME HOUSEHOLD, BUT CONSIDER OURSELVES IN SEPARATE ECONOMIC UNITS.

THE ARRANGEMENT IS AS FOLLOWS:

1. _____ A FLAT FEE OF \$ _____ PER MONTH FOR ROOM & BOARD IS CHARGED. THIS IS THE FAIR AMOUNT THAT I WOULD CHARGE SOMEONE ELSE IF NOT, WHAT AMOUNT WOULD YOU CHARGE SOMEONE ELSE? \$ _____.
2. _____ I CHARGE \$ _____ PER MONTH FOR ROOM RENTAL. THE RENTER PURCHASES HIS/HER OWN FOOD SEPERATELY. THIS IS THE FAIR AMOUNT THAT I WOULD CHARGE SOMEONE ELSE. IF NOT, WHAT AMOUNT WOULD YOU CHARGE SOMEONE ELSE? \$ _____.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. I KNOW THAT ANYONE WHO MAKES A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

X _____
(SIGNATURE OF LANDLORD)

X _____
(DATE)

FOR SSA USE ONLY – DO NOT WRITE BELOW THIS LINE

SEPARATE HOUSELOD DETERMINATION

BASED ON THE CIRCUMSTANCES AND ALLEGATIONS, IT IS DETERMINED THAT SEPARATE HOUSEHOLDS EXIST PER SI 00835.120.

X _____
(SIGNATURE OF CR)

X _____
(DATE)