SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

LANDLORD'S NAME LANDLORD'S	RELATIONSHIP TO RENTER
LANDLORD'S STATEMENT – Room Rental	in Private Residence
Understanding that this statement is for the use of the Social certify that	Security Administration, I hereby
• Beginning the following person	(Print renter's full name)
is paying \$ per month for room rent in my(Enter	r "apartment", " trailer", "house", etc.)
located at this address:	
The renter has access to adequate food storage and cooking f	acilities. 🛛 Yes 🗖 No
• I consider the renter to be in a separate household (he/she has make any decisions in the running of my household).	
	arent and child D other or none
We may also use the information you give us when we match records by computer. Matching p State or local government agencies. Many agencies may use matching programs to find or pro- government. The law allows us to do this even if you do not agree to it.	programs compare our records with those of other Federal we that a person qualifies for benefits paid by the Federal
Explanations about these and other reasons why information you provide us may be used or giv to learn more about this, contact any Social Security Office.	e out are available in Social Security Offices. If you want
I know that anyone who makes or causes to be made a f material fact in an application or for use in determining a Security Act commits a crime punishable under Federal Law information I have given in this document is true.	a right to payment under the Social y and /or State Law. I affirm that all
SIGNATURE OF LANDLORD MAKING	
Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
SIGN HERE	
Mailing Address (Number and street, Apt. No., P.O., Box, Rural Route)	Telephone Numbers (Include Area Code)
	Home () - Work () -
City and State	ZIP Code

Form SSA-795 (2-76), E77 OP -018 (6/22/05)