

**SOCIAL SECURITY ADMINISTRATION
STATEMENT OF CLAIMANT OR OTHER PERSON**

NAME OF NUMBER HOLDER	SOCIAL SECURITY NUMBER (of NH)
NAME OF PERSON MAKING STATEMENT (If not NH)	RELATIONSHIP (to NH)

RENTER'S STATEMENT - Room Rental in Private Residence

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

- Beginning _____ I am paying \$ _____ per month for room rent in the landlord's
(Print date)

_____ located at the following address:
(Enter "apartment", "trailer", "house", etc.)

- I have access to adequate food storage and cooking facilities. Yes No
- I am in a separate household from the landlord (I have no right to make any decisions in the running of the landlord's household). Yes No
- Is the renter related to the landlord as parent or child? Yes No
- I need assistance with my personal care or hygiene or in upkeep of my home. Yes No
 Examples are help with bathing, eating, dressing, taking medication, with caring for your room or moving about.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or give out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

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 (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

**SOCIAL SECURITY ADMINISTRATION
STATEMENT OF CLAIMANT OR OTHER PERSON**

LANDLORD'S NAME	LANDLORD'S RELATIONSHIP TO RENTER
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LANDLORD'S STATEMENT – Room Rental in Private Residence

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

• Beginning _____ the following person _____
(Print date) (Print renter's full name)
 is paying \$ _____ per month for room rent in my _____
(Enter "apartment", "trailer", "house", etc.)
 located at this address: _____

- The renter has access to adequate food storage and cooking facilities. Yes No
- I consider the renter to be in a separate household (he/she has no right to make any decisions in the running of my household). Yes No
- My relationship to the renter is: parent and child other or none

Other Remarks: All utilities and full house access is included.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or give out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

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 LANDLORD MAKING STATEMENT	
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

