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...

located at the following address:

Yes I No.

 \Box Yes \Box No

Yes No.

•	Beginning	I am paying \$	per month for room	rent in the landlord':
	(Print da	ite)		74 14

(Enter "apartment", "trailer", "house", etc.)

• I have access to adequate food storage and cooking facilities.

- 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).
- Is the renter related to the landlord as parent or child?
- I need assistance with my personal care or hygiene or in upkeep of my home. 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	

Form SSA-795 (2-76), E77 OP -017 (11/15/02)