



3.	DOES ANY AGENCY, ORGANIZATION OR ANYONE WHO DOES NOT LIVE WITH YOU PAY, OR HELP YOU PAY FOR ANY OF THE FOLLOWING ITEMS: FOOD, RENT, HOME MORTGAGE PAYMENTS, PROPERTY INSURANCE (IF REQUIRED BY MORTGAGE HOLDER), REAL PROPERTY TAXES, HEATING FUEL, GAS, ELECTRICITY, GARBAGE REMOVAL, WATER AND/OR SEWER BILLS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If "yes," please provide the following information about each item you receive, then go to question 4.

ITEM	NAME, ADDRESS AND TELEPHONE NUMBER OF CONTRIBUTOR			FREQUENCY OF PAYMENT	IN CASH	IN KIND	DOLLAR VALUE
	NAME	ADDRESS	TELEPHONE NUMBER				

4.	IF YOU DO NOT LIVE WITH OTHERS, SKIP TO PART III. IF YOU LIVE WITH OTHERS, DO ALL THE OTHER HOUSEHOLD MEMBERS RECEIVE SOME TYPE OF PUBLIC PAYMENT BASED ON NEED (e.g., AFDC, BIA, SSI, VA)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If "Yes," indicate from which agency, then go to Part III.  
 If "No," go to Part II. —————→

AGENCY NAME

**PART II**

Complete Part II when individual lives with at least one person other than, or in addition to, spouse, child(ren), or person whose income may be deemed to the individual.

1.	CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS OR PROVIDE THE INFORMATION REQUESTED.
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A. Do you eat all your meals out?  If "Yes," go to C. If "No," go to B.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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B. Do you buy all of your food separately from other household members?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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C. How much is your average cash contribution per month toward the household expenses listed in 4. below. <span style="float: right;">—————→</span>	\$ _____
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D. Do you have an agreement to pay back the people you live with for your share of the household expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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2.	IF YOU OR YOUR SPOUSE OWN OR RENT, SHOW THE TOTAL MONTHLY CASH CONTRIBUTIONS FROM OTHERS WITH WHOM YOU LIVE:	\$ _____
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3.	CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION AS REQUESTED ONLY IF YOU ANSWERED "NO" TO BOTH QUESTIONS 1.A. AND 1.B. AND YOU DO NOT OWN OR RENT THE PLACE WHERE YOU LIVE.
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A. Is part or all of the amount in question 1.C. just for food?  <span style="float: right;">—————→</span>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MUCH?	
\$ _____	

B. Is part or all of the amount in question 1.C. just for shelter?  <span style="float: right;">—————→</span>	<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW MUCH?	
\$ _____	

4. WHAT IS THE AVERAGE MONTHLY AMOUNT OF THE FOLLOWING HOUSEHOLD CASH EXPENSES FOR THE PERIODS INDICATED?

CASH EXPENSES	FROM	THROUGH	FROM	THROUGH	FROM	THROUGH
Food (Complete only if both 1.A. and 1.B. above are answered "no")	\$		\$		\$	
Mortgage or rent						
Property insurance (if required by mortgageholder)						
Real property taxes						
Heating fuel						
Electricity						
Gas						
Water						
Sewer						
Garbage removal						
<b>Total</b>	\$		\$		\$	

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

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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 given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

The **Paperwork Reduction act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

**TIME IT TAKES TO COMPLETE THIS FORM**

We estimate that it will take you about 7 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

**PART III**

**YOUR RESPONSIBILITIES:** Anyone who knowingly and willfully 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 or State law or both.

Do you understand that the information provided is subject to verification and do you authorize sources to release to the Social Security Administration information needed to verify your statements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that if there is any change in the information you have provided on this statement that you must report it to the Social Security Administration because your eligibility or benefit amount could be affected?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand that failure to report any change could result in a penalty to you of \$25 to \$100 if the report is not made within 10 days after the end of the month in which the change occurred?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you affirm that all the information you gave in this document or in support of it is true?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

COLLECTION AND USE OF INFORMATION FROM YOUR STATEMENT OF LIVING ARRANGEMENTS  
PRIVACY ACT/PAPERWORK REDUCTION ACT NOTICE

The Social Security Administration (SSA) is authorized to collect the information on this form under section 1631 (e) of the Social Security Act, as amended (42 U.S.C. 1383) (e)). While it is not mandatory for you to furnish the information on this form to SSA, failure to provide all or part of the information could prevent an accurate and timely decision on your claim and could result in the loss of some payments. Your response is mandatory where the refusal to disclose certain information affecting your right to payment would reflect a fraudulent intent to secure payments not authorized by the Social Security Act.

Although the information you furnish on this form is almost never used for any other purpose than stated in the foregoing, there is a possibility that information may be disclosed to another person or to another governmental-agency as follows: 1) to enable a third party or an agency to assist SSA in establishing rights to supplemental security income payments 2) to comply with Federal laws requiring the release of information from SSA records (e.g., to the Veterans Administration) and 3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the social programs (e.g., to the Bureau of the Census and private concerns under contract to SSA).

**SIGNATURES**

YOUR SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)  <b>SIGN HERE</b> 	DATE (MONTH, DAY, YEAR)
SPOUSE'S SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)  <b>SIGN HERE</b> 	TELEPHONE NUMBER(S) AT WHICH YOU MAY BE CONTACTED DURING THE DAY (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX OR RURAL ROUTE)

CITY AND STATE	ZIP CODE	ENTER NAME OF COUNTY (IF ANY)
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**NOTE:** If residence address is different from mailing address, show in "Remarks"

This statement does not ordinarily 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 address.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE, AND ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIP CODE)