

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

NAME OF NUMBER HOLDER	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT <i>(If not NH)</i>	RELATIONSHIP <i>(to NH)</i>

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

_____ rents a room in my home and pays me \$_____ per month. This is strictly a **BUSINESS RELATIONSHIP** and we do not consider ourselves as members of the same household. We are related as a parent and child. He/She does have access to adequate cooking facilities and food storages.

If someone other than _____ rented a room in your house, how much would you charge per month? \$_____. If less, why? Please explain below.

Is _____ obligated to pay rent as a condition to stay? **yes** **no**

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	
Mailing Address <i>(Number and street, Apt. No., P.O. Box, Rural Route)</i>	Telephone Numbers <i>(Include Area Code)</i> Home () Work () -
City and State	ZIP Code

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 & street, City, State & ZIP Code)</i>	Address <i>(Number & street, City, State & ZIP Code)</i>