

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

NAME OF WAGE-EARNER, SELF EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT	RELATIONSHIP LANDLORD (ROOM RENTAL)

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

I RENT A ROOM TO \_\_\_\_\_ . HE/SHE PAYS

\$ \_\_\_\_\_ PER MONTH EFFECTIVE WITH \_\_\_\_\_ (MM/DD/YY)

\_\_\_\_\_ DOES NOT MAKE ANY OF THE HOUSEHOLD DECISIONS.

HE/SHE (circle one) DOES/DOES NOT HAVE ACCESS TO STORAGE AND COOKING FACILITIES.

\_\_\_\_\_ DOES/DOES NOT BUYS HIS/HER OWN FOOD.

CLIENTS SIGNATURE \_\_\_\_\_

LANDLORD ON SSI, GA or AFDC: YES \_\_\_\_\_ NO \_\_\_\_\_

LANDLORD'S SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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	Date	
→ Mailing Address		
City and State	Zip	Telephone Number