

(Do not write in this space)

CERTIFICATE OF SUPPORT

(There is a time limitation for the filling of this certificate. It should be filed promptly.)

PRIVACY ACT/PAPERWORK ACT NOTICE: This form is authorized by sections 202(c), (f), and (h) of the Social Security Act, as amended (42 U.S.C. 402 (c), (f), and (h) and section 334 of Public Law 95-216. While it is not mandatory for you to complete this form, failure to provide the information requested may result in the denial of your claim for Social Security benefits or to a reduction in your benefit amount due to insufficient information. The information provided will be used to determine whether you meet the support requirements necessary for entitlement to the benefits for which you are applying or the application of the exception to government pension offset. The information may be disclosed to another person or to another governmental agency as follows: 1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; 2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Veterans Administration); and 3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security)

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 15 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, or any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget, Paperwork Reduction Project (09600-001), Washington, D.C. 20503. Do not send completed forms or information concerning your claim to these offices.

ENTER NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (Herein referred to as the "worker")

ENTER HIS (HER) SOCIAL SECURITY NUMBER

PART I – IDENTITY

I intend that this certificate shall be considered as part of my application for insurance benefits which may be payable to me under the provisions of Title II of the Social Security Act, as amended. I hereby certify that I was receiving at least one-half my support from the worker at the time specified in Item 8 of this Certificate and submit the following information as proof of the facts.

1. Enter your full name (Print or write clearly)	
2. Enter your date of birth (Month, Day and Year)	3. Enter your Social Security number (If none, write "None")
4. (a) Show your relationship to the worker. (Husband, wife, widower, widow, mother, father, stepmother, adopting father, etc.) (If you indicate that you are the husband, wife, widower, or widow Skip to item 9.)	
5. If the worker has another living parent (other than yourself) enter the following information regarding the other parent:	
FULL NAME	AGE
ADDRESS	RELATIONSHIP TO WORKER (Father, mother, stepfather, etc.)
6. If you are a stepparent:	
WHEN DID YOU MARRY THE WORKER'S FATHER OR MOTHER?	WHERE DID THIS MARRIAGE TAKE PLACE?
7. If you are an adopting parent:	
WHEN DID YOU ADOPT THE WORKER?	WHERE DID THIS ADOPTION TAKE PLACE?

PART II – SUPPORT

8.	QUESTIONS 9 THROUGH 19 APPLY TO YOUR INCOME AND SUPPORT FOR THE 12-MONTH PERIOD ENDING:	MONTH	DAY	YEAR
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This form must be filed not later than	DATE
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9.	Enter the total amount of the worker's income during the 12-month period shown in item 8.	AMOUNT
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10.	(a) Did you own the dwelling in which you lived during the 12-month period shown in item 8? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," go on to item 11. If "No," enter below the name and relationship of the person who owned the dwelling in which you lived and complete (b) and if appropriate, (c) and (d).)</i>	
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NAME OF OWNER	RELATIONSHIP TO YOU <i>(If none, write "None.")</i>
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(b)	Did you pay either rent or all the costs of maintaining the property (such as repairs, mortgage, taxes, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," skip (c) and (d) and go to item 11) (If "No," answer (c) and (d).)</i>	
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(c) List below each person who paid the rent or the costs of maintaining the property, what each paid for, and how much:

PERSON WHO PAID	ITEM PAID FOR	AMOUNT PAID
		\$
		\$
		\$
		\$

(d)	What was the monthly rental value of the house?	\$	
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11. Enter the following about the worker and any other person who lived with you or who contributed to the support of your household during the 12-month period shown in item 8. Include contributions for support, payments for room and board, household expenses, clothing, insurance and medical expenses, gifts, etc.

NAME	RELATIONSHIP TO YOU	DATES EACH LIVED WITH YOU	DATES EACH CONTRIBUTED	TOTAL AMOUNT CONTRIBUTED BY EACH	DATE AND AMOUNT OF LAST CONTRIBUTION	
					DATE	AMOUNT
				\$		\$
				\$		\$
				\$		\$
				\$		\$

12.	If any of the contributions to you stopped before the end of the period, explain why:

18. State the nature and amount of your debts, if any, at the end of the period shown in item 8.
(If none, write "None.")

DESCRIPTION	DATE INCURRED	AMOUNT

19. State any additional facts which you believe tend to show that you were receiving at least one-half of your support from the worker during the period shown in item 8.

REMARKS: *(This space is for more detailed answers to the above questions, if necessary. If you need more space, attach a separate sheet.)*

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 by fine, imprisonment or both. I affirm that all information I have in this document is true.

SIGNATURE OF APPLICANT

SIGNATURE *(First name, middle initial, last name)*
(Write in ink)

**SIGN
HERE** 

DATE *(Month, day, year)*

TELEPHONE NUMBER *(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) IN WHICH YOU NOW LIVE

Witnesses are only required if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

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)*