

SOCIAL SECURITY ADMINISTRATION

**STATEMENT OF CLAIMANT OR OTHER PERSON**

NAME OF WAGE EARNER OR SE PERSON	ACCOUNT NUMBER / SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	Relationship to wage earner, self-employed person, or SSI claimant

**STATEMENT OF PERSON OUTSIDE THE UNITED STATES**

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

**Diligencie un solo idioma y firme con sus datos de contacto.**

Yo \_\_\_\_\_ certifico que:  
 el/la señor/a: \_\_\_\_\_, llego a los Estados Unidos  
 en: \_\_\_\_\_ y regresara en: \_\_\_\_\_,  
 tiempo durante el cual residió en la dirección:

\_\_\_\_\_

cumpliendo con el requisito del SSA del mes calendario.

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**Fill out in one language and sign with your contact information.**

I \_\_\_\_\_ certify that:  
 Mr/Mrs \_\_\_\_\_, arrived in the US  
 on : \_\_\_\_\_ and will leave on: \_\_\_\_\_,  
 and resided on this address during that time:

\_\_\_\_\_

complying with the SSA requirement of the calendar month.

**I know that anyone who makes or causes to be 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 / FIRMA 	DATE (Month, day, year) / FECHA (Mes, día, Año)
MAILING ADDRESS / DIRECCION  CITY: _____ STATE: _____ zipcode: _____ USA	Telephone number (Include Area Code) Teléfono (Incluya código de la ciudad)  <b>Phone:</b> ( _ _ _ ) - _ _ _ - _ _ _ _  <b>mobile:</b> ( _ _ _ ) - _ _ _ - _ _ _ _