

STATEMENT OF CLAIMANT OR OTHER PERSON

1. Have you ever held a paying job, even part-time or temporarily, or ever registered for a job with an employment service? YES NO
2. Have you ever had a driver's license? YES NO
3. Have you ever taken the Scholastic Achievement Test or other college entrance exam?
YES NO
3. Have you ever attended or applied for admittance to a college, university or technical/vocational school? YES NO
4. Have you ever had a savings account in a bank, credit union, or other financial institution or ever owned stocks or bonds? YES NO
5. Did your parents or other relatives ever open an account or buy U.S. Savings bonds for you as a child? YES NO
6. Have you or your spouse ever filed a Federal or State income tax return or been claimed as a dependent on a Federal tax return? YES NO
7. If you are a male and became age 18 prior to 1974 or after 1978, did you register for the draft? YES NO
8. Have you ever registered to vote? YES NO
9. Have you been living outside the U.S. for a prolonged period? YES NO
10. Have you or your family ever applied for any type of public assistance, medical aid, public job training or summer youth employment? YES NO

Explain why you have never applied for a Social Security Number:

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.

I know that any one 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</i>) (<i>Write in Ink</i>)	Date (<i>Month, day, Year</i>)
	Telephone Number (<i>include Area Code</i>)
Sign Here 	
Mailing Address (<i>Number and street, Apt. No., P.O. Box, Rural Route</i>)	
City and State	Zip Code