

SOCIAL SECURITY ADMINISTRATION
STATEMENT OF CLAIMANT OR OTHER PERSON

RM 00202.055

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	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

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
4. Have you ever attended or applied for admittance to a college, university or technical/vocational school? YES NO
5. Have you ever had a savings account in a bank, credit union, or other financial institutions or ever owned stocks or bonds? YES NO
6. Did your parents or other relatives ever open an account or buy U.S. Savings bonds for you as a child? YES NO
7. 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
8. If you are a male and became age 18 prior to 1974 or after 1978, did you register for the draft? YES NO
9. Have you ever registered to vote? YES NO
10. Have you been living outside the U.S. for a prolonged period? YES NO
11. 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 ever 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 to 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.

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 on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**

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 (First name, Middle initial, last name) (Write in ink)	Date (Month, day, Year)
Sign Here	Telephone Number(include Area Code)
Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)	
City and State	Zip code