

## STATEMENT OF HOUSEHOLD EXPENSES AND CONTRIBUTIONS

CLAIMANT'S / BENEFICIARY'S NAME

SOCIAL SECURITY NUMBER

NAME OF SPOUSE OR PARENT(S) OF INDIVIDUAL NAMED ABOVE

NAME OF PERSON MAKING THIS STATEMENT

The questions on this form are divided into four sections. Answer the questions where we have checked the block. Then sign the form and return to Social Security.

**PART I - MONTHLY HOUSEHOLD EXPENSES**

For household expenses that change from month to month, show the **average** monthly amount of money your household has spent per month for the period \_\_\_\_\_ through \_\_\_\_\_.

For the household expenses that are usually the same from month to month (like rent), show the amount your household spent per month as of \_\_\_\_\_.

Write "0" under amount if your household has not spent any money for one of the expenses.

HOUSEHOLD EXPENSES	MONTHLY AMOUNT SPENT
1. Food (Do not include food bought with food stamps.)	\$ _____
2. Rent or Mortgage Payment	\$ _____
3. Property Insurance (if not included in mortgage payment and if required by mortgage holder)	\$ _____
4. Real property taxes (if not included in mortgage payment). Subtract any rebate or credit.	\$ _____
5. Electricity	\$ _____
6. Gas	\$ _____
7. Heating fuel (wood, coal, oil, kerosene, etc.)	\$ _____
8. Water	\$ _____
9. Sewerage	\$ _____
10. Garbage Removal	\$ _____

**PART II-CONTRIBUTIONS TO HOUSEHOLD EXPENSES**

In the spaces below, show the amount of money the person(s) named gave for the household expenses listed in Part I. Provide your answer for the blocks we have checked.

NAME	<input type="checkbox"/> AVERAGE MONTHLY AMOUNT GIVEN from _____ through _____	<input type="checkbox"/> AMOUNT GIVEN In _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

**PART III - OTHER ARRANGEMENTS**

1. <input type="checkbox"/> Do(es) _____ eat every meal during the month some where else?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. <input type="checkbox"/> Do(es) _____ buy all his/her/their own food with his/her/their own money?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. <input type="checkbox"/> Do(es) _____ pay a certain amount just for household food?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
*If "Yes" how much each month?	AMOUNT
NAME _____	\$ _____
NAME _____	\$ _____
NAME _____	\$ _____
4. <input type="checkbox"/> Do(es) _____ pay a certain amount for the household shelter expenses (the expenses other than food)?	<input type="checkbox"/> YES * <input type="checkbox"/> NO
*If "Yes" how much each month?	AMOUNT
NAME _____	\$ _____
NAME _____	\$ _____
NAME _____	\$ _____

**PART IV-REMARKS-Use this space for any additional explanations.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

**SIGNATURE**

Your Signature (First name, middle initial, last name)	Date (Month, Day, Year)	Day Time Telephone No. <i>(Include Area Code)</i>
<b>SIGN HERE</b>		

**WITNESSES**

If you have signed by mark (X), two witnesses to the signing who know you must sign below giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and Street)	ADDRESS (Number and Street)
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE