

**LETTER HOUSEHOLD MAY HAVE  
SOCIAL SECURITY OFFICE COMPLETE**

**STATEMENT OF SOCIAL SECURITY and or  
SUPPLEMENTAL SECURITY INCOME (SSI)**

This statement is to confirm that the named claimant \_\_\_\_\_  
received the following gross benefits from social security \$ \_\_\_\_\_  
or SSI income \$ \_\_\_\_\_ for the month of \_\_\_\_\_.

\_\_\_\_\_  
Signature and Title of Official at Social Security Office      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number      Email