

**THE HOUSEHOLD MAY HAVE THIS LETTER
COMPLETED BY THE SOCIAL SECURITY OFFICE**

**STATEMENT OF SOCIAL SECURITY
AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)**

This statement confirms that _____ received the following
(Name of Claimant)
gross benefits from social security \$ _____ or SSI income \$ _____
for the month of _____ .

Signature and Title of Official Date

Address

Telephone Number

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.