

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

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