

**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