

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

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

This statement is to confirm that _____ received the
(Name of Claimant)

following gross benefits from social security \$ _____ or SSI

income \$ _____ for the month of _____.

Signature and Title of Official

Date

Address

Telephone Number