**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

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Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;   
  
(2) Fax: (202) 690-7442; or   
  
(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).   
  
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