

SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (If other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

Statement of non-citizen applicant for an original SSN card age 12 or older.

Have you ever lived in or visited the United States?

If no, you may skip the remaining questions and sign this form on page 2.

If yes, please provide the name(s) used when you previously lived in or visited the U.S.:

And, answer the following questions. Please provide an explanation for any question that you answer yes.

Have you ever applied for a U.S. SSN as part of an immigrant visa application?

Have you ever had an Employment Authorization Document (EAD), I-766 or I-688, issued by the Department of Homeland Security (DHS)?

Have you ever had a DHS Form I-94 (Arrival/Departure Record) with a class of admission (COA) that grants permission to work in the United States?

Have you ever received a U.S. federal or state funded benefit (e.g. Medicaid, Food Statmps)?

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213.** You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN
HERE 

Telephone Number (Include Area Code)

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

5775 Stodder Hall, Room 300

City and State

Orono, Maine

ZIP Code

04469-5775

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

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