


Social Security Administration
Statement of Claimant or Other Person

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| Name of Wage Earner or SE Person | Account Number / 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 |
| Statement of person residing in the U.S. for 30 days. | |
| <p>Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:</p> <ol style="list-style-type: none">1. I have resided in the U.S. for at least one full calendar month:2. I entered the U.S. on:3. I departed the U.S. on:4. I resided at the following address: 5. Phone: <p>I'm attaching the following as evidence:</p> <ul style="list-style-type: none"><input type="checkbox"/> Airplane tickets<input type="checkbox"/> Visa/ Residency Card<input type="checkbox"/> Passport with U.S. entry stamp<input type="checkbox"/> Letters from Witnesses <p><small>I know that anyone who makes or causes to be a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State law. I affirm that all information I have given in this document is true.</small></p> | |
| Signature  | Date (Month, day, year) |
| Email: | Phone: |