

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 -

I have received a copy of SSA's Publication No. 05-10093, New Numbers for Domestic Violence Victims.

I have decided to apply for a new Social Security number and understand that the new SSN may affect my ability to interact with Federal and State agencies, employers, and others, because past records, such as birth certificates, court papers, medical history, school and work history are in another name and SSN.

I understand that SSA recommends, but does not require, that victims of harassment or abuse requesting a new SSN do so as part of an overall safety plan to evade the abuser. This may include changing a name or job or relocating to a new area. A NEW SSN ALONE WILL PROBABLY NOT ADEQUATELY PROTECT ME.

I am aware that I can call the National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TTY) for information on domestic violence.

I understand that SSA will assist me to obtain evidence of Harassment, Abuse, and Life Endangerment (HALE). I also understand that I must provide evidence of age, citizenship or alien status, and identity for myself and any children for whom I am applying for a new SSN.

I understand that SSA will keep the information about the new SSN confidential to the extent permitted by law and will not attempt to contact the abuser or jeopardize my safety.

I realize that I will not automatically receive my yearly Social Security Statement which workers receive several months before their birthday each year.

I understand that if I intend to change my name or the names of my child(ren), I should do so before applying for a new SSN to be sure the old name does not appear with the new SSN.

I am aware that if I have not already changed my name when SSA assigns a new SSN, SSA will not assign a subsequent new SSN or delete the old name from the newly established record under the new SSN, just because I later decide to change my name.

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 (TTY 1-800-325-0778).** You may send comments on our time estimate above to: SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. 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)
	Telephone Number (Include Area Code) () -

**SIGN
HERE** ▶

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

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