

## Statement Concerning Room Rental and Rental Liability

Name of Claimant: \_\_\_\_\_

Name of Person  
Making Statement: \_\_\_\_\_

Please check Yes or No for the following questions:

1. \_\_\_\_\_ and I make joint decisions regarding home repairs and improvements.  Yes  No

2. \_\_\_\_\_ and I pool our money together for expenses connected with this dwelling.  Yes  No

3. \_\_\_\_\_ has some of the bills in her/his name.  Yes  No

4. \_\_\_\_\_ is charged a flat fee for the expenses of her/his room and utilities, and is required to pay it.  
 Yes  No

5. If Yes to question 4 above, what is the flat fee? \$ \_\_\_\_\_/month

6. \_\_\_\_\_ is related to me.  Yes  No

7. If Yes to question 6, what is her/his relationship to you? \_\_\_\_\_

8. If I was renting to a non-relative, I would charge \$ \_\_\_\_\_/month.

9. There is a lease agreement or rent receipts.  Yes  No  
(If yes, please enclose with this statement)

10. I consider \_\_\_\_\_ as a separate economic unit from myself. Although we live under the same roof, I think of her/him as living in another household and as having nothing to do with expenses that I incur in operating this dwelling.  Yes  No

Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I know that anyone who makes or causes to be made 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** 06/20/2011