## Massachusetts State Supplement Program
## Request for Living Arrangement Information

**PRINT IN INK:**

| SSP Client Name: | Date of Birth: | Last 4 Digits of SSN: |
|---|---|---|
| | | |

### 1. Who is filling out this form?

☐ SSP Client/Applicant ☐ Designated Payee ☐ Other: Name _____

**Designated Payee Name**, if applicable (If designated payee is an organization, please provide organization name, and name and title of person completing form.):

_____

**ANSWER ALL FURTHER QUESTIONS AS THEY APPLY TO THE SSP CLIENT.**

### 2. What is the current address where you live?

| CURRENT **RESIDENTIAL** ADDRESS (street name or rural route) | | | |
|---|---|---|---|
| APT# | CITY | STATE | ZIP CODE |
| | | | |

When did you begin living there? _____

Is this your mailing address? ☐ Yes ☐ No

⇨ If "no," please provide the following information:

| CURRENT **MAILING** ADDRESS (street name or rural route) | | | |
|---|---|---|---|
| APT# or PO BOX | CITY | STATE | ZIP CODE |
| | | | |

PLEASE PROVIDE CURRENT PHONE NUMBER: _____

✉ **You must include proof of new address, such as utility bills, rental agreement, mortgage, or motor vehicle license or registration. Please include your SSP Client ID number with all documentation.**

### 3. With whom do you live? (Please ✓ all that apply.)

☐ Alone ☐ Spouse ☐ Adult child(ren) (18 or older) ☐ Child(ren) (under 18) ☐ Other

⇨ If living with spouse and/or children (under 18), please provide the following information for each:

| NAME | LAST 4 DIGITS OF SSN | BIRTHDATE (MM/DD/YYYY) | RECEIVES SSI | RECEIVES EAEDC | RECEIVES TAFDC | RECEIVES REFUGEE ASSISTANCE | RECEIVES VETERANS BENEFITS |
|---|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | ☐ | ☐ | ☐ | ☐ | ☐ |

## 4. Where do you live? (Please ✓ only one.)

**Since: mm/dd/yyyy**

| | | |
|---|---|---|
| | House, apartment, studio, mobile home, including public or subsidized housing | |
| | Hotel/motel or commercial rooming house (meals are not provided) | |
| | Rented room in a private home **and use of** a kitchen to prepare meals | |
| | Rented room in a private home **without use of** a kitchen to prepare meals | |
| | Congregate housing (multi-unit housing approved by the state to provide services) | |
| | Homeless, transient, shelter, halfway house, commercial boarding house (meals provided) | |
| | Other. Please Explain: | |

**IF YOU LIVE ALONE: STOP! DO NOT ANSWER ANY MORE QUESTIONS. PLEASE SIGN THE FORM AND RETURN TO THE ADDRESS PROVIDED. IF YOU DO NOT LIVE ALONE: GO TO QUESTION #5.**

## 5. What is the average total monthly cost for the following household cash expenses?

| CASH EXPENSES | TOTAL COST FOR HOUSEHOLD (TOTAL PER MONTH) | AMOUNT YOU CONTRIBUTE PER MONTH (IF ANY) |
|---|---|---|
| Rent or Mortgage | **$** | **$** |
| Gas/Electricity/Heating Fuel/Water/Sewer/Garbage | **$** | **$** |
| Property Taxes/Insurance | **$** | **$** |
| Food Cost for the **entire household** (Exclude cost of food purchased with SNAP benefits.) | **$** | **$** |
| Other (Explain) | **$** | **$** |
| **TOTAL (sum of all of the above):** | **$** | **$** |

## 6. Signature (of SSP Client or Designated Payee: REQUIRED)

By signing below, I give permission to SSP to verify and investigate the information I have given that relates to the determination of my eligibility for assistance.

**I certify under penalty of perjury that the information I have given in this form is exact and true. I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts, either orally or in writing, to establish eligibility for the Massachusetts State Supplement Program (SSP) is fraud, an Intentional Program Violation (IPV), and may be punishable by civil and criminal penalties.**

SIGNATURE (of SSP Client) DATE

**REQUIRED IF COMPLETING THIS FORM AS DESIGNATED PAYEE OR POWER OF ATTORNEY:**

SIGNATURE (Designated Payee or POA) PRINT NAME DATE

TITLE OR RELATIONSHIP TO CLIENT PHONE#

Please call the Massachusetts SSP Assistance Line at **1-877-863-1128** if you have any questions about this form. Return completed form to:

**MASSACHUSETTS SSP**
**PO BOX 4018**
**TAUNTON MA 02780-0315**
or fax to: **857-323-8310**