

## DEPARTMENT OF SOCIAL WELFARE

744 P STREET  
SACRAMENTO 95814

January 3, 1974

COUNTY LETTER NO. 74-5

TO: ALL COUNTY WELFARE DEPARTMENTS

## AFFIDAVIT FORM SSP-3

Transmitted herewith is a limited initial supply of Affidavit Form SSP-3 for use in the Emergency Loan Procedures.

An additional supply of these forms is to be automatically provided you within a few days. In the interim, these forms can be reproduced locally as needed. Any alterations or changes in the format or content of this form will require the approval of the Adult Program Management Branch at (916) 445-0813.

Sincerely,

A handwritten signature in cursive script that reads "P. J. Newlin".

P. J. NEWLIN

Chief Deputy Director *program and legal operations*

Attachment

**OBSOLETE**Superseded by ACL # 77-15Issued 3-17-77

**AFFIDAVIT**

1. I, \_\_\_\_\_, declare that my SSI/SSP benefit check for the month of \_\_\_\_\_ was (not received) (received and lost) (received and stolen). [Circle one.]  
Name
  
2. I also declare that I have notified the \_\_\_\_\_ Social Security Administration District Office on \_\_\_\_\_, of such nonreceipt and have not received a replacement check.  
District Office  
Date

**I DECLARE UNDER THE PENALTY OF  
PERJURY THAT THE ABOVE IS  
TRUE AND CORRECT.**

\_\_\_\_\_  
Recipient Name Date

Under the provisions of Section 12525 of the Welfare and Institutions Code, I hereby request a loan of \$\_\_\_\_\_.

I promise to repay the aforementioned loan of \$\_\_\_\_\_, in full, on \_\_\_\_\_ or not later than five (5) days after receipt of my next replacement SSI/SSP check, whichever is sooner.  
Date

\_\_\_\_\_  
Recipient Name Date

**\*If recipient signs form with a mark, the signature must have two (2) witnesses who provide their signature, address, and the date on the reverse.**