

Sterling Payee Services
163 Amherst St, 2nd Floor
Nashua, NH 03064-1367
(603) 594-4114
Fax: (603) 880-7171
sterlingpayeeservices@hotmail.com

Date: _____

Client Name _____ SSN #: _____

Address: _____

Phone #: _____ Birth Date: _____

Clients Place of Birth: _____ (required by Social Security)

Mother's Maiden Name: _____

Doctor: _____ Contact Number and Address: _____

Current Rep Payee: _____ **If you do not have a Rep Payee please attach a Physician's Statement.

Do you have a guardian? _____

Do you live alone? _____ If not, name of person you live with /relationship _____

Rent Amt? _____

How long at this address? _____ Income/month _____

I give Sterling Payee Services permission to discuss my financial matters with my case worker, until written permission is given by me to cease the communication. _____

Referred by:

Organization: _____ Case worker: _____

Organization Address: _____

Phone #: _____

Please note that part of the process consists of putting together a budget as well as knowing what bills are overdue. Our office will be contacting you and/or your client to put together the budget.

Who will be contacted to put together the budget: Caseworker Client Both

I request that Sterling Payee Services be my Representative Payee _____
(Signature please)

Please note that the fee for our services is \$41/month or 10% of the client's monthly income, whichever is less.