## Sterling Payee Services 81 Technology Way, Suite 2E3 Nashua, NH 03060-3254 (603)594-4114 Fax: (603)880-7171 sterlingpayeeservices@hotmail.com

Date:	
Client Name:	SS #:
Address:	
Phone #:	Birthdate:
Client's Place of Birth:	(required by Social Security)
Mother's Maiden Name:	(required by Social Security)
Doctor:	_ Contact Number/Address:
Current Rep Payee:	Do you have a Guardian?
Name of Guardian if applicable	
Do you live alone? If No, name of person you live with/relationship:	
Rent Amount:	How long at this address:
Income (and type) per month: \$	
below until written permission is given by	
Referred by:	(Signature)
Organization:	Case Worker:
Address:	Phone Number:
· · ·	ists of putting together a budget as well as knowing what bills are u and/or your client to put together a budget.
Who will be contacted to put together th	e budget: Caseworker Client Both
I request that Sterling Payee Services be	my Representative Payee:
Please note that the fee for our services i Fee is subject to change based on Social S	(Signature) s \$54/month or 10% of the client's monthly income, whichever is less. Security Regulations.