

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: _____ 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: \$ _____

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

(Signature)

Referred by:

Organization: _____ Case Worker: _____

Address: _____ Phone Number: _____

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 a 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 note that the fee for our services is \$48/month or 10% of the client's monthly income, whichever is less. Fee is subject to change based on Social Security Regulations.