

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 \$44/month or 10% of the client's monthly income, whichever is less. Fee is subject to change based on Social Security Regulations.