

REQUEST TO BE SELECTED AS PAYEE	FOR SSA USE ONLY								FOR SSA USE ONLY
	Name or Bene. Sym.	Program	Date of Birth	Type	Gdn.	Cus.	Inst.	Nam.	
								DISTRICT OFFICE CODE	
								STATE AND COUNTY CODE:	

PRINT IN INK:

The name of the NUMBER HOLDER	SOCIAL SECURITY NUMBER
The name of the PERSON(S) (if different from above) for whom you are filing (the "claimant(s)")	SOCIAL SECURITY NUMBER(S)

Answer item 1 ONLY if you are the claimant and want your benefits paid directly to you.

1. I request that I be paid directly.
 CHECK HERE and answer only items 3, 5, 6, and 8 before signing the form on page 4.

I REQUEST THAT THE SOCIAL SECURITY, SUPPLEMENTAL SECURITY INCOME, OR SPECIAL VETERANS BENEFITS FOR THE CLAIMANT(S) NAMED ABOVE BE PAID TO ME AS REPRESENTATIVE PAYEE.

2. Explain why you think the claimant is not able to handle his/her own benefits. (In your answer, describe how he/she manages any money he/she receives now.)

 Claimant is a minor child.

3. Explain why you would be the best representative payee. (Use Remarks if you need more space.)

4. If you are appointed payee, how will you know about the claimant's needs?
- Live with me or in the institution I represent.
 - Daily visits.
 - Visits at least once a week.
 - By other means. Explain:

5. Does the claimant have a court-appointed legal guardian/conservator? YES NO

IF YES, enter the legal guardian/conservator's:

NAME _____
 ADDRESS _____
 PHONE NUMBER _____
 TITLE _____
 DATE OF APPOINTMENT _____

Explain the circumstances of the appointment. (Use remarks if you need more space.)

6. (a) Where does the claimant live?

- Alone
- In my home (Go to (b).)
- With a relative (Go to (b).)
- With someone else (Go to (b).)
- In a board and care facility (Go to (b).)
- In a public institution (Go to (c).)
- In a private institution (Go to (c).)
- In a nursing home (Go to (c).)
- In the institution I represent (Go to (c).)

(b) Enter the names and relationships of any other people who live with the claimant.

NAME	RELATIONSHIP

(c) Enter the claimant's residence and mailing addresses (if different from yours).

Residence: _____ Mailing: _____ Telephone Number: _____

(d) Do you expect the claimant's living arrangements to change in the next year?

- YES NO If YES, explain what changes are expected and when they will occur. (Use Remarks if you need more space.)

7. If you are applying on behalf of minor child(ren) and you are not the parent,

Does the child(ren) have a living natural or adoptive parent? YES NO

If YES, enter: (a) Name of parent _____

(b) Address of parent _____

(c) Telephone number _____

(d) Does the parent show interest in the child? YES NO

Please explain. _____

8. List the names and relationship of any (other) relatives or close friends who have provided support and/or show active interest with the claimant. Describe the type and amount of support and/or how interest is displayed.

NAME	ADDRESS/PHONE NO.	RELATIONSHIP	DESCRIBE

9. Check the block that describes your relationship to the claimant.

(a) Official of bank, agency or institution with responsibility for the person. Enter below which you represent:

- Bank
- Social Agency
- Public Official
- Institution:
 - Federal
 - State/Local
 - Private non-profit
 - Private proprietary institution. Is the institution licensed under State law? YES NO

IF (a) ABOVE CHECKED, COMPLETE ONLY QUESTIONS 10 AND 11 AND SIGN THE FORM ON PAGE 4.

(b) Parent

(c) Spouse

(d) Other Relative - Specify _____

(e) Legal Representative _____

(f) Board and Care Home Operator

(g) Other Individual - Specify _____

IF (b), (c), (d), or (e) ABOVE CHECKED, GO ON TO QUESTION 12

10. Does the claimant owe you/your organization any money now or will he/she owe you money in the future? YES NO

If YES, enter the amount he/she owes you/your organization, the date(s) was/will be incurred and describe why the debt was/will be incurred.

INFORMATION ABOUT INSTITUTIONS, AGENCIES AND BANKS APPLYING TO BE REPRESENTATIVE PAYEE

11. (a) Enter the name of the institution _____
(b) Enter the EIN of the institution _____

INFORMATION ABOUT INDIVIDUALS APPLYING TO BE REPRESENTATIVE PAYEE

12. Enter: YOUR NAME _____
DATE OF BIRTH _____
SOCIAL SECURITY NUMBER _____
ANY OTHER NAME YOU HAVE USED _____
OTHER SSN'S YOU HAVE USED _____

13. How long have you known the claimant? _____

14. If the claimant lives with you, who takes care of the claimant when work or other activity takes you away from home?
What is his/her relationship to the claimant? _____

15. (a) Main source of your income

- Employed (answer (b) below)
- Self-employed (Type of Business _____)
- Social Security benefits (Claim Number _____)
- Pension (describe _____)
- Supplemental Security Income payments (Claim Number _____)
- AFDC (County & State _____)
- Other Welfare (describe _____)
- Other (describe _____)

(b) Enter your employer's name and address: _____

How long have you been employed by this employer? _____
(If less than 1 year, enter name and address of previous employer in Remarks.)

16. (a) Have you ever been convicted of a felony? YES NO

If YES: What was the crime? _____
On what date were you convicted? _____
What was your sentence? _____
If imprisoned, when were you released? _____
If probation was ordered, when did/will your probation end? _____

(b) Have you ever been convicted of any offense under federal or state law which resulted in imprisonment for more than one year? YES NO

If YES: What was the crime? _____
On what date were you convicted? _____
What was your sentence? _____
If imprisoned, when were you released? _____
If probation was ordered, when did/will your probation end? _____

17. Do you have any unsatisfied FELONY warrants (or in jurisdictions that do not define crimes as felonies, a crime punishable by death or imprisonment exceeding 1 year) for your arrest? YES NO

If YES: Date of Warrant _____
State where warrant was issued _____

18. How long have you lived at your current address? (Give Date MM/YY)

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM

I/my organization:

- Must use all payments made to me/my organization as the representative payee for the claimant's current needs or (if not currently needed) save them for his/her future needs.
- May be held liable for repayment if I/my organization misuse the payments or if I/my organization am/is at fault for any overpayment of benefits.
- May be punished under Federal law by fine, imprisonment or both if I/my organization am/is found guilty of misuse of Social Security or SSI benefits.

I/my organization will:

- Use the payments for the claimant's current needs and save any currently unneeded benefits for future use.
- File an accounting report on how the payments were used, and make all supporting records available for review if requested by the Social Security Administration.
- Reimburse the amount of any loss suffered by any claimant due to misuse of Social Security or SSI funds by me/my organization.
- Notify the Social Security Administration when the claimant dies, leaves my/my organization's custody or otherwise changes his/her living arrangements or he/she is no longer my/my organization's responsibility.
- Comply with the conditions for reporting certain events (listed on the attached sheets(s) which I/my organization will keep for my/my organization's records) and for returning checks the claimant is not due.
- File an annual report of earnings if required.
- Notify the Social Security Administration as soon as I/my organization can no longer act as representative payee or the claimant no longer needs a payee.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE (Month, day, year)

Signature (First name, middle initial, last name) (Write in ink)

Telephone number(s) at which you may be contacted during the day

**SIGN
HERE** ►

Print Your Name & Title (if a representative or employee of an institution/organization)

Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State

Zip Code

Name of County

Residence Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State

Zip Code

Name of County

Witnesses are only required if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant making the request must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS

2. SIGNATURE OF WITNESS

ADDRESS (Number and street, City, State and ZIP Code)

ADDRESS (Number and street, City, State and ZIP Code)