



**Rep Payee Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Marital Status:  Never Married  Married  Divorced  Separated  Widowed

Is there a court appointed legal guardian?  No  Yes If so, who? \_\_\_\_\_

If so, return application with guardianship papers.

I have never had a payee. I have had a payee. If so, who? \_\_\_\_\_

If you have never had a payee, an addition form SSA-787 needs to be completed and returned with application.

Current Payee (if applicable): \_\_\_\_\_

Landlord (name, address, phone number): \_\_\_\_\_

Emergency Contact (name, number, and relationship to you): \_\_\_\_\_

Case Manager (name, phone number, email): \_\_\_\_\_

Amount of Monthly Income: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Current Monthly Expenses:

<i>Description</i>	<i>Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to The Up Center at 757-966-2332

The Up Center will need your place of birth and mother's maiden name upon follow-up.