



NOVA Payee Services, Inc.

www.novapayeeservices.com

703-273-4590

NEW CLIENT APPLICATION

****Please fill out all of the information on this sheet to the best of your ability. Failure to do so will result in a delay of your application. Please be sure that all of the information you submit is accurate and 100% legible. If any of your information changes, please contact us immediately.**

Please Print Very Clearly

Full Legal Name: _____

Social Security Number: _ | _ | _ - _ | _ - _ | _ | _ | _

Date of Birth: _____ City/State of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Type of Income (SSA/SSI/RRRT): _____

Marital Status: _____ Gender: _____

Do you have a Legal Guardian: _____ Legal Guardian Name: _____

**** Guardianship appointment papers are** Address: _____

Required by SSA. Please attach them to _____

The end of the application at time of Phone: _____

submission.** Date of appointment: _____

Case Manager Name: _____ Ph# _____

Email: _____ Agency: _____

Prior Convictions: _____



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The Following Form is REQUIRED. Please fill out the top portion with your name and social security number. Please sign on the signature line and date this.

If there is a legal guardian, please only have the legal guardian sign. A "witness signature" is not required.

Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or SSI Claimant

Social Security Number

Name of beneficiary (if other than above)

Relationship to Wage Earner, Self Employed Person or SSI Claimant

I understand and agree with the following:

Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

Choice of Representative Payee

SSA has selected **NOVA PAYEE SVCS ID 45 2848853** to be my representative payee.

My Right to Appeal

I have the right to appeal the SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I also have the right to appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in the file and submit new evidence.

Signature

Date

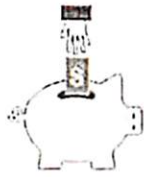
Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing, who know the person making the statement, must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number of Street, City, State and ZIP Code)

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- Please note that none of the above questions will affect our willingness to serve you. Our agency simply wants to understand the best way to tailor our services to your particular needs. If you have any questions, please don't hesitate to ask.

Please Check All That Apply:

I have a history of drug or alcohol abuse: _____

I live in an assisted living facility/group home: _____ Homeless: _____

I reside in a homeless shelter: _____ I have a history of violent actions: _____

I have a history of bank fraud charges: _____

I do not have a birth certificate: _____

I do not have a valid government issued photo ID: _____

I am able to use an ATM Machine or go into a bank: _____

I am able to return receipts for purchases over \$100. _____

I have a history of stalking in the past? _____

I have a history of harassing behaviors: _____

Please Initial After each statement:

I agree that NOVA Payee Services will charge the regulated standardized fee of \$45.00 as set forth by the Social Security Administration unless otherwise expressed: _____

I agree that I will treat the staff of NOVA Payee Services Inc. with respect (as defined as: no cussing, yelling, harassing verbally over the phone, in emails, or written mail correspondence or in person). I understand that this will result in immediate termination of my services through NOVA Payee Services and could result in charges being pressed? _____

I agree that if I start work or have any type of benefit altering event I will notify Nova Payee or the Social Security Administration as soon as possible: _____

I agree to cooperate with NOVA Payee Services in filing or filling out any and all paperwork required by the Social Security Administration _____

I understand that NOVA Payee Services has no obligation to communicate with me regarding case status, account balances, account status, or any matter what so ever as outlined by the Social Security Administration and that I may or may not get a returned phone call/email/etc: _____

