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:I | | <u> </u> | | |
| Date of Birth: | City/State of Birth: | | | |
| Physical Address: | | | | |
| City: | State: | Zip Code: | | |
| Phone: () | Type of Income (S | SSA/SSI/RRRT): | | |
| Marital Status: | Gender: | | | |
| Do you have a Legal Guardian: | | | | |
| ** Guardianship appointment papers a | are Address: _ | | | |
| Required by SSA. Please attach them t | : <mark>o</mark> | Mariana (1981) | | |
| The end of the application at time of | Phone: _ | | | |
| submission.** | Date of appointr | ment: | | |
| | | | | |
| Case Manager Name: | | Ph# | | |
| Email: | | Agency: | | |
| Prior Convictions: | | | | |
| | | | | |
| | | | | |

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PLEASE USE THE FOLLOWING SPACE TO EXPLAIN WHY YOU NEED TO HAVE A REPRESENTATIVE PAYEE.



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.

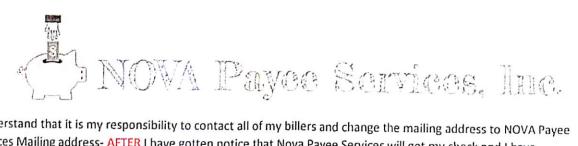
If there is a legal guardian, please only have the legal guardian sign. A "witness signature" is not required.

| | f Representative Payment | |
|---|--|---------------------------|
| Name of Wage Earner, Self-Employed Person or SSI Claimant | Social Secu | rity Numbe |
| Name of beneficiary (if other than above) | Relationship Earner, Self Person or SS | Employed |
| I understand and agree with the following: | | |
| Need for Representative Payee | | |
| The Social Security Administration (SSA) has decid Benefits. Because of this, SSA will send my benefit of the representative payee to use my benefits for m | TO a representative porter Iris de al. | ίλ |
| Choice of Representative Payee | | |
| SA has selected NOVA PAYEE SVCS ID 452 epresentative payee. | 848853 to be my | |
| Iy Right to Appeal | | |
| have the right to appeal the SSA's decision. I can a epresentative payee. In most cases, I also have the ripayee. If I appeal, I will have the right to review the vidence. | ght to appeal the decision that I need | |
| | | |
| Signature | Date | : 7 |
| itnesses are required <u>only</u> if this statement has been to witnesses to the signing, who know the person mail addresses. | signed by mark (X) above. If signed laking the statement, must sign below, | by mark (X giving thei |
| Signature of Witness | 2. Signature of Witness | |
| ldress (Number of Street, | Address (Number of Street. | |
| ry, Stare and ZIP Code) | City, State and ZIP Code) | |



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: |
| 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 <u>valid</u> 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: |
| Lagree that NOVA Payee Services will charge the regulated standardized fee of \$45.00 as set forth by the Social Security Administration unless otherwise expressed: |
| l 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? |
| l 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: |
| Lagree to cooperate with NOVA Payee Services in filing or filling out any and all paperwork required by the Social Security Administration |
| Lunderstand 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: |



| I understand that it is my responsibility to contact all of my billers and change the mailing address to NOVA Payee Services Mailing address- AFTER I have gotten notice that Nova Payee Services will get my check and I have communicated with the budgeter at Nova Payee Services. |
|---|
| I understand that if I violate the agreement with NOVA payee services, my money I receive from the Social Security Administration will go into "suspense" status and the SSA will hold my check until a new payee is found and processed (typically 3 months). |
| understand that in the event NOVA Payee Services does not continue as payee, NOVA Payee sends my funds back to the Social Security Administration and they will then redistribute it back to the new payee. NOVA Payee does not control this process or the time it takes to be processed. |
| understand that NOVA Payee services is under no obligation to speak to a legal guardian, power of attorney, case worker, or any individual; rather, as a recovery oriented not for profit organization, they strive to coordinate our services with anyone involved in your care- however, it is not obligatory that this organization do so. |
| understand that I could be issued a Rapid Pay Card to which my funds are loaded on weekly/monthly etc. |
| understand that cards get loaded by close of business on FRIDAYS for weekly personal needs funds. |
| understand that funds possibly get loaded sooner than Friday but is not a guarantee. |
| understand that in the event I need any funds from savings that are not part of my weekly budgeted allotment, that the equest must come in writing by WEDNESDAY of that week by 12:00 NOON eastern standard time. |
| hereby agree to work to resolve any disagreement with my financial case manager at NOVA Payee Services for esolution BEFORE contacting the Social Security Administration. |
| hereby agree that the above information is true to the best of my knowledge. My signature below signifies my intent |
| hat I am applying for NOVA Payee Services to assist me in management of my income. |
| |
| Signature Date |