

## **Help Me Budget Inc. Representative Payee Service Agreement**

**Purpose:** The purpose of this Agreement is to establish the terms and conditions under which Help Me Budget Inc. will serve as your appointed representative payee, managing Social Security, SSI, or other federal or state benefits on your behalf. Our role is to assist you in managing your financial affairs to ensure your basic needs, such as food, shelter, and medical care, are met.

### **1. Our Responsibilities**

As your representative payee, Help Me Budget Inc. agrees to:

- **Receive Benefits:** We will receive your Social Security or other designated benefits directly from the issuing agency.
- **Manage Funds:** We will use your funds to pay for your basic needs, including housing, utilities, food, clothing, and medical expenses. Any remaining funds will be used for personal needs and savings as appropriate.
- **Maintain Records:** We will keep accurate and detailed records of all income received and expenditures made on your behalf. These records will be available for review upon request.
- **Provide an Accounting:** We will provide you with a regular accounting of your funds, detailing all transactions, at least annually and upon request.
- **Communicate with the Social Security Administration (SSA):** We will report any changes in your status, such as a change of address, living arrangement, or medical condition, to the SSA as required.
- **Act in Your Best Interest:** We will act with integrity and in your best financial interest at all times.

### **2. Your Responsibilities**

As the client, you agree to:



Representative Payee Services

P: (508) 552-4402  
F: (888) 877-4420

43 Maple Ave #517  
Shrewsbury, MA 01545

HelpMeBudget.org  
HelpMeBudgetStaff@Gmail.com

**Provide Information:** Provide Help Me Budget Inc. with all necessary information to perform our duties, including your Social Security number, address, and information about your expenses and financial situation.

**Report Changes:** Immediately report any changes in your circumstances that may affect your benefits or living situation (e.g., a change in address, employment, or living arrangement).

**Cooperate:** Cooperate with The Agency's requests for information and provide receipts or documentation as needed to verify expenses.

**Review Statements:** Review the financial statements we provide and bring any discrepancies to our attention promptly.

### 3. Fees for Services

- **Fees:** Our fee for providing representative payee services is the SSA approved rate or less, currently our fee is 52.00. This fee is authorized by the Social Security Administration and is deducted directly from your benefits each month.
- **Payment:** Our fee will be deducted on a monthly basis, directly from the funds we receive. You will not be responsible for paying this fee separately.

### 4. Termination of Services

This Agreement may be terminated under the following conditions:

- **By the Client:** You may terminate this Agreement at any time by notifying the Social Security Administration and Help Me Budget Inc. in writing stating your desire to no longer work with us and you would like to be reassigned a new rep-payee. We will cooperate with the SSA to ensure a smooth transition to a new payee. Per If SSA does not notify us that a change in payee has taken place we are required to

continue to operate as your rep-payee as long as we are still receiving benefits on your behalf.

- **By Help Me Budget Inc.:** We may terminate this Agreement for reasons including, but not limited to, failure to cooperate, providing false information, or if we are unable to serve as your payee due to a change in your circumstances.



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- **By the SSA:** The SSA has the authority to remove us as your representative payee at any time.

Upon termination, The Agency will provide a final accounting of your funds and return any remaining balance to you or to your new payee as directed by the SSA.

## **5. Privacy and Confidentiality**

The Agency is committed to protecting your privacy. All information you provide will be kept confidential and will not be disclosed to any third party without your consent, except as required by law or as necessary to carry out our duties as your payee (e.g., providing information to the SSA).

No mobile phone information will be shared with any third party or affiliates for marketing or promotional purposes. All the above categories exclude text messaging originator Opt-in data and consent; this information will not be shared with any third parties.

## **6. Legal Disclaimer**

Help Me Budget Inc. is not a financial planner, investment advisor, or legal counsel. Our services are limited to managing your benefits as a representative payee. We are not responsible for any financial decisions or outcomes that result from your personal spending or other financial activities outside of our scope of service.

## **7. Governing Law**

This Agreement shall be governed by and construed in accordance with the laws of the state of Massachusetts.

By accepting our services, you acknowledge that you have read, understood, and agree to the terms and conditions outlined in this Agreement.

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