



Representative Payee Services

P:(508) 794-9909

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689 Main Street
Walpole, MA 02081

HelpMeBudget.org
HelpMeBudgetStaff@Gmail.com

Full Representative Payee (Enrollment & 4 forms)

Checklist

_____ **Complete our online enrollment form.** If unable to complete an online enrollment form, an enrollment form can be printed, completed and then submitted with the other forms below. We prefer an online enrollment form to be completed. Once this is completed we have enough information to begin the process of applying to become the representative payee.

If the person does not already have a representative payee please make sure to include the name and address of the physician who will be completing the SSA 787 (Medical Justification For A Rep-Payee)

If the person has a guardian please make sure to include the name, address, contact information, date of appointment and a brief reason for appointment.

Once the following forms are completed, the originals need to be mailed to Help Me Budget inc.

_____ **Client Contract/Authorization:** This form serves both as a contract and also authorizes us to work with a representative. Having an authorized representative is optional and not required.

_____ **Advanced Notification of Rep-Payee** (for Social Security Administration)

_____ **Limited Durable Power of Attorney:** This gives us permission to manage your funds.

_____ **W-9 Tax Form**



Client Name (_____) _____ - _____
Phone Number

Address

Guardian Name (If Applicable) (_____) _____ - _____
Phone Number

Address

I, or my advocate, have discussed my needs with a Help Me Budget inc. representative. I agree to have Help Me Budget inc. serve as my representative payee for my monthly SS, SSI, SSDI and/or any work related income. In return for a fee charged at/or below the SSA regulated rate.

I understand that if requested Help Me Budget inc. will provide the following services:

- Deposit, monitor and review all federal benefits received
- Ensure compliance with Federally mandated SSA regulations
- Develop budget plans to meet my financial goals
- Process payments and store records of my expenses
- Maintain up to date records with the SSA and provide annual reporting to the SSA
- Monthly account reconciliation
- Upon request issue reports outlining account activity and balances

I agree to:

- Pay Help Me Budget inc.'s monthly fee
- Treat staff with courtesy and respect
- Receive an agreed upon amount for spending every month when applicable
- Submit all wages earned.

Client/Guardian Signature Date

Witness Signature Date

I would like to allow Help Me Budget inc. to work with the authorized person/agency outlined below to help manage my finances.

I understand that I have a right to revoke the authorization at any time. If I revoke this authorization, I must do so in writing and present it to the person/facility/agency that was authorized to release the information. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the above information is disclosed, the recipient may re-disclose it and the information may not be protected by federal or state privacy laws or regulations. I understand that authorizing the use or disclosure of the information identified above is voluntary and that this authorization to release my information is considered active while Help Me Budget inc. remains my Representative Payee. I understand that I do not need to sign this form to continue to receive Representative Payee services from Help Me Budget inc.

Person / Agency Name (_____) _____ - _____
Phone Number

Address

Authorized Representative's Email Address

Client/Guardian Signature Date

Authorized Representative Signature Date



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 Help Me Budget inc. 689 Main Street Walpole, MA 02081 to be my representative payee.

My Right to Appeal

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

I understand that I must file an appeal within 60 days. If I file after the 60-day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

Signature

_____/_____/_____
Date

Witness's 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 & Street, City, State and Zip Code)	Address (Number & Street, City, State and Zip Code)

Durable Power of Attorney For

Help Me Budget inc.
689 Main Street
Walpole, MA 02081

Know all men by these present

That _____
Client's Name

Of _____
Client's Address

Hereby constitute and appoint Help Me Budget inc. of Walpole Massachusetts 02081, true and lawful Attorney for me and in my name and stead to sell, transfer and deliver any and all of my personal property, including stocks, bonds and other documents of title; to sign, sell, execute and deliver any and all documents of instruments necessary for such transfer; to endorse any checks, notes, or drafts payable to me; to deposit, withdraw or transfer funds in my name; to collect any and all amounts due me and to defend any and all claims against me; and generally to do all acts and take all steps which are necessary, convenient or expedient in the management of my property and affairs. Specifically, a Trustee Account will be opened by Help Me Budget inc. for the payment of bills as specified in our agreement dated ____/____/____.

This Power of Attorney shall not be affected by my subsequent disability or incapacity. I shall indemnify any and all persons or institutions against any losses suffered as a result of Acting upon this Power prior to notice of its revocation.

This Power of Attorney shall terminate on the date of ____/____/____ unless revoked sooner. I may revoke this Power of Attorney at any time by terminating services with Help Me Budget inc. as specified in our agreement dated ____/____/____.

Herby granting unto I said Attorney full power and authority to act in and concerning the Premises as fully and effectively as I might do if personally present. For this, I agree to pay a monthly fee.

In witness whereof, I hereunto set my hand this _____ day of _____ in the
Year _____
Month Day

Signed in the presence of:

Help Me Budget inc.

Client Signature

Witness Signature

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.