

Client Name: _____

Agreement:

I, or my advocate, have discussed my needs with a S.N.E.S.A.A. representative. I agree to have S.N.E.S.A.A. serve as my representative payee for my monthly R.S.D.I., S.S.D.I., S.S.I. or S.S.P. benefits in return for a fee charged at/or below Social Security Administration's regulated rate.

I understand that S.N.E.S.A.A. will provide the following services:

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

S.N.E.S.A.A. will be responsible for the timely payment of the following:

Amount	Category	Payable To	Mailing Address
\$	Rent		
\$	Personal		
\$	Phone		
\$	Electric		
\$	Gas		
\$	Cable		
\$	Other		

I agree to:

- Pay S.N.E.S.A.A.'s monthly fee
- Treat S.N.E.S.A.A.'s staff with courtesy and respect
- Submit most recent rental agreement/room & board agreement/lease or charges for care letter
- Submit pay stubs per pay period (if applicable)
- Submit bank statement monthly (if applicable)
- Submit a Move Form when necessary – prior to actual move date
- Submit receipts when required

I understand that if I fail to comply with these rules, S.N.E.S.A.A. may refuse to continue to serve as my representative payee.

 Beneficiary/Guardian Signature

Date: _____

 Witness Signature

Date: _____