

RESOURCE OVERSIGHT & GUIDANCE SERVICES, INC.

A 501 (c) (3) Non-Profit Organization



ORGANIZATIONAL REPRESENTATIVE PAYEE APPLICATION

Name:	SS#:	DOB:	
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Emergency Contact Name:	Emergency Contact Phone:		
Email Address:			
City and State of Birth:	Mother's maiden name:		
Marital Status: S M D W	Employment Status: E U R D		
Living arrangement: Alone__ Relative__ B&C__ Nursing home__ public inst.__ ILF__ R&B__ Other__			
How long at current address:		Any expected changes:	
Landlord Information			
Name:	Phone #:		
Address:	City:	State:	Zip:
Change of Payee Requested: Y N	If Yes, By Whom:		
Previous Payee Name:	Previous Payee Phone:		
Case Manager Name:	Case Manager Phone:		
Sources of Income: SSDI __ SSI__ Other __ (Explain):			
Amount of Monthly Income: \$			
Monthly Expenses			
Rent:\$	Transportation:\$		
Telephone:\$	Personal Funds:\$		
Electric/Gas:\$	Other:\$		
Cable:\$	Other:\$		
Internet:\$	Other:\$		
Insurance:\$	Other:\$		
Cell Phone:\$	Other:\$		
Court Appointed Legal Guardian: Y N			
Date of appointment:			
Name of Guardian:		Relationship:	
Address:		Phone #:	
Reason rep payee is necessary:			
Additional information:			
Signature:		Date:	