

P & K PAYEE SERVICES, INC.

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

ORGANIZATIONAL REPRESENTATIVE PAYEE APPLICATION

APPLICANT INFORMATION

Applicant Name:	Social Security Number:		Date of Birth:
Street Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:		
Emergency Contact Name:	Emergency Contact Phone:		
Email Address:			
City and State of Birth:	Mother's Maiden Name:		
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed			
Employment Status: ☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled			
Living Arrangement: ☐ Alone ☐ Relative ☐ Other ☐ Board & care ☐ Nursing home ☐ Public institution ☐ Private institution			
How long at current address?	Any expected changes?		

LANDLORD AND PAYEE INFORMATION

Landlord Name:	Landlord Phone:
Landlord Street Address:	
City:	State:
Change of payee requested? ☐ Yes (Y) ☐ No (N)	If yes, requested by who?
Previous Payee Name:	Previous Payee Phone:
Case Manager Name:	Case Manager Phone:

INCOME INFORMATION

Sources of income: ☐ SSDI ☐ SSI ☐ Other	Monthly income amount: \$
If Other, please explain:	

MONTHLY EXPENSES

Rent: \$	Transportation: \$
Telephone: \$	Personal funds: \$
Electric/Gas: \$	Other: \$
Cable: \$	Other: \$
Internet: \$	Other: \$
Insurance: \$	Other: \$
Cell phone: \$	Other: \$

Applicant Signature:	Date: