

6232



Representative Payee Report

Social Security Administration, P.O. Box 6232, Wilkes-Barre, PA 18767-6232

FORM APPROVED
OMB NO. 0960-0068

PAYEE'S NAME AND ADDRESS

REPORT PERIOD

SOCIAL SECURITY NUMBER

FROM: TO:

BENEFICIARY

FP

ID BIC D TP CC GS PC DOC

CF TAA PF BSSN



If change of address, correct and check box AND ENTER NEW ADDRESS ON BACK OF REPORT

This report is about the benefits you received between _____ and _____ for the beneficiary, _____ . Please read the enclosed instructions before completing this form to help you answer each question.

1. Were you (the payee) convicted of a crime considered to be a felony between _____ and _____ ?
If YES, please explain in REMARKS on the back of this form.

YES NO

2. Did the beneficiary continue to live alone, or with the same person, or in the same institution from _____ to _____ ? If NO, please explain and provide the beneficiary's current address in REMARKS on the back of this form.

3. Benefits paid to you between _____ and _____ = \$ _____
Benefits you reported as saved on last year's report. = \$ _____ 0
Total Accountable Amount = \$ _____

YES NO

A. Did you (the payee) decide how the \$ _____ was spent or saved? →
If NO, please explain in REMARKS on the back of this form.

B. How much of the \$ _____ did you spend for the beneficiary's food and housing between _____ and _____ ? →

DOLLAR AMOUNT (NO CENTS)
[][] , [][]

C. How much of \$ _____ did you spend on other things for the beneficiary such as clothing, education, medical and dental expenses, recreation, or personal items between _____ and _____ ? →

[][] , [][]

D. How much, if any, of the \$ _____ did you save for the beneficiary as of _____ ? If none, show zeros. →

[][] , [][]

4. If you showed an amount in 3.D. above, place an "X" in the boxes below to show how you are saving the benefits. If you have more than one account, you may mark more than one box in each section.

A. TYPE OF ACCOUNT

Savings/Checking Account U.S. Savings Bonds Certificates of Deposit Collective Savings/Checking Account *TRAVELER'S CHECKS* Other

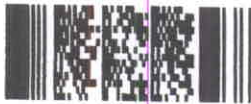
B. TITLE OF ACCOUNT

Beneficiary's Name by Your Name Your Name for Beneficiary's Name Other

← BOXES WILL BE EVENLY SPACED →

Continued on the Reverse →

6232B



BOXES WILL BE SPACED EVENLY

FOR SSA USE ONLY

PC MARK WBD DOC SIG ATT UNDI FO ASSISTANCE UNDI OTH



ANSWER THIS QUESTION ONLY

5.A.

IF YOU ANSWERED "OTHER" IN 4.A.

If you answered "OTHER" in 4.A. on the front page, show the type of account or investment in which the benefits are saved.

TYPE OF ACCOUNT

B.

ANSWER THIS QUESTION ONLY

If you answered "OTHER" in 4.B. on the front page, show the title of the account in which the benefits are saved.

TITLE OF ACCOUNT

REMARKS

IF YOU ANSWERED "OTHER" IN 4.B.

NEW ADDRESS

3 LINES SET ASIDE FOR NEW ADDRESS

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

PAYEE'S SIGNATURE

(If signed by mark (X), two witnesses must sign below)

6.

DATE

7 (RENUMBER)

8.

PRINT RELATIONSHIP TO BENEFICIARY OR TITLE

REMOVE THIS QUESTION

DAYTIME TELEPHONE NUMBER(S)

(Include area code)

8 (RENUMBER)

7.

9.

Area Code

WITNESS SIGNATURES ARE REQUIRED ONLY IF THE PAYEE'S SIGNATURE ABOVE HAS BEEN SIGNED BY MARK (X).

SIGNATURE OF WITNESS

DATE

SIGNATURE OF WITNESS

DATE

