

APPLICATION TO COLLECT A FEE FOR PAYEE SERVICES

I/We, as representative of the organization named below, request authorization from the Social Security Administration to collect a fee for providing payee services in accordance with section 205(j)(4)(A) of the Social Security Act. (42 USC 405(j)(4)(A))

I understand that I must provide the following documents along with this application:

- Proof of tax exempt status under Sec. 501(c) of the Internal Revenue Code (if applicable).
- ~~Our~~ organization's mission statement.
- A list of current beneficiaries being served (if applicable) including name, address and SSN.
- ~~Proof of State license (if applicable)~~
- ~~Proof of bond/insurance (if applicable)~~

1.) Name of Organization _____	2.) EIN _____
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3.) Type of Organization Community based, non-profit social service agency
 State/Local Government Agency

4.) ~~Address~~ Mailing Address _____
City, State, Zip Code _____

5.) City, State, Zip Code Location Address _____	Phone Number _____
City, State, Zip Code _____	() - _____

6.) Licensed Yes No (Circle One)

If YES, Licensor name and type of license _____

Exp. Date _____

Licensor Address _____ Phone Number () - _____

7.) Bonded/Insured Yes No (Circle One)

If YES, Bond/Insurance Co. name _____

Address _____ Phone Number () - _____

Bond/Policy Type _____ Exp. Date _____

Amount _____ Serial/Policy # _____

8.) ~~Maximum number of beneficiaries that you are able to serve~~ Does the bond/policy coverage include claims against all officers and employees for theft? Yes No (Circle One)

9.) ~~Is your organization currently charging a fee for providing payee services?~~ Yes No (Circle One)

9) ~~10.) Number of employees that handle affairs for the SSA beneficiaries~~ Does your organization receive or collect money from other sources for representative payee services? Yes No (Circle One) If yes, amount _____

10) ~~11.) Indicate your service area by counties served or zip codes~~ Does your organization serve as representative payee in multiple areas? Yes No (Circle One)
If yes, list all the locations (branches) including mailing addresses and contact information. _____

1.1 1.2 Do you serve any beneficiaries who owe you money now, or will owe you in the future?
Yes No (Circle One)

If YES, please describe the amount and reason for the debt:

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM

I understand the information furnished in this form is subject to verification by the Social Security Administration (SSA) at the time of initial application and during subsequent recertifications as a fee-for-service organizational payee.

I understand I may not collect a fee for payee services unless and until I have received written authorization to do so by SSA. If granted authorization, I agree not to collect a fee higher than the amount authorized by SSA.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and that the information is true and correct to the best of my knowledge. I understand that if I knowingly and willfully make a false, fictitious, or fraudulent statement or representation on this form, or cause someone else to do so, I may be fined and/or imprisoned (18 U.S.C. §1001).

Signature: _____ Date: _____

Print Your Name & Title: _____ Phone: _____

Signature of Director/CEO (if different than above): _____

Print Your Name and Title: _____ Phone: _____

Signature of SSA Official: _____ Title: _____

DO Code: _____ Date: _____

Privacy Act: The Social Security Administration is authorized to request the information on this form under sections 205(j)(4) and 1631(a)(2) of the Social Security Act and 20 CFR 404.2049a and 416.640a. The information requested on this form will be used to consider your eligibility as a Fee for Service Representative Payee. You do not have to give us this information. However, without the information, we may not be able to authorize you to collect a fee for providing payee services.

The information you provide may be disclosed to the Office of the President or to a congressional office requesting information on your behalf, to the General Services Administration and the National Archives and Records Administration for conducting records management studies, and to contractors and other Federal agencies, as necessary, to assist in the administration of Social Security Administration programs.

We may also use this information when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

See below for revised Privacy Act Statement.

Explanations about these and other reasons why information you provide may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-0401. *Send only comments relating to our time estimate to this address, not the completed form.*

See below for revised Paperwork Reduction Act Statement.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Privacy Act Statement

Sections 205(j)(4) and 1631(a)(2), of the Social Security Act, as amended, authorize us to collect this information. The information is needed to permit consideration as to your eligibility to serve as a Fee for Service Representative Payee. The information you furnish on this form is voluntary. However, failure to provide all or part of the information may result in nonpayment for your services.

We rarely use the information you supply for any purpose other than for making a determination regarding your eligibility to serve as a Fee for Service Representative Payee. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to: (1) to enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veteran Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and (4) to facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in Systems of Record Notice 60-0222. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at your local Social Security office.