6234

	ese	entative Payee Re	port 🖺	ee Revise tatement Wilkes-l	attached	18767-	-9956 ·	FORM AP	
	TEE'S NAME AND ADDRESS		REPOR FROM:	REPORT PERIOD FROM: TO: BENEFICIARY				L SECURITY NUMBER	
			ID	BIC I) TP	CC	GS	PC DO	oc
			CF	TAA	PF	BSSN	FFS	S DAA	MFA
enter new	addr	ress, check box and ress on back of report. is about the benefits you received . Please read the enclose		and			eneficiary		
1. ir	Did th nstitu f NO	he beneficiary continue to live alone, oution from to ? by please explain and provide the beneficiary form.	or with the sar	ne person,	or in the sam	e	YES		NO
		fits paid to you between fits you reported as saved on last y	and year's report.	= \$ = \$					
T A	A	Accountable Amount Did you (the payee decide how th If NO, please explain in REMARK				→	YES		NO
]	В.	Did you (the payee) charge the be guardianship services you provide ?	neficiary a fe ed between		e or and	→	YES		NO
		If YES, how much of the \$ differ these services between	d you collect and	from the b	eneficiary	→ [AR AMO	
(C.	How much of the \$ did you s food and housing between	epend for the and	beneficiary? =	7's	→ [$]$, \Box	
]	D.	How much of the \$ did you s beneficiary such as clothing, educ recreation, or personal items between	spend on othe ation, medica veen	er things fo al and dent and	r the al expenses,	→].[
* -	Ε.	How much, if any, of the \$	lid you save	C1		'		_ ,	

	FOR SSA USE ONLY									
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If you showed an amount in 2.E. (front page), 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	B. TITLE OF ACCOUNT									
Savings/ Checking U.S. Savings Certificates Checking Treasury Account Bonds of Deposit Account Bills Other	Beneficiary's Name Your Name for by Your Name Beneficiary's Name Other									
Answer this question only if you answered "OTHER" in 3.A. or 3.B. above. If you answered "OTHER" in 3.A. or 3.B., show the type of account or investment, or the title of the account in which the benefits are saved.										
A. TYPE OF ACCOUNT	B. TITLE OF ACCOUNT									
REMARKS										
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 any one 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	DATE									
5 .	7.									
PRINT JOB TITLE	DAYTIME TELEPHONE NUMBER(S)									
	(Include area code and extension)									
6.	8. Area Code Extension									

SSA will insert the following revised PRA Statement into the form as soon as possible:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. Send <u>only</u> comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.