

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704-318-1032 | Email: payee@communityimpact.biz | Website: <https://www.communityimpact.biz>

Representative Payee Application

INSTRUCTIONS

Please complete the following forms (where appropriate) in its entirety:

- Representative Payee Application ****required****
- Representative Payee Authorization ****signature required****.
- SSA FORM 787 ****if you haven't been told by SSA that you need a Payee****
- Lease and Key Program information ****where appropriate****
- All utilities being mailed to our address
- Guardianship documents ****where appropriate****

Email the completed forms to: payee@communityimpact.biz

*****PLEASE READ THE FOLLOWING*****

- Impact Community Resources LLC charges a monthly fee to provide Representative Payee services
- Clients will receive their stipends by electronic funds transfer -OR- regular mail ONLY!
- NO checks will be distributed in person at our offices.**

For further assistance, please contact our office at (704) 318-1032 Monday - Friday from 8am - 5pm Eastern Standard Time.

Referred by: _____ **Agency:** _____

Telephone: _____ **Email:** _____

Best time to reach you: _____

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: https://www.communityimpact.biz

Representative Payee Application

APPLICANT INFORMATION			
Client Name: _____ Date of birth: _____ SSN: _____ - _____ - _____ Telephone: <input type="checkbox"/> Home _____ <input type="checkbox"/> Cell _____ <input type="checkbox"/> Work _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separat <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Current living situation <input type="checkbox"/> Lives alone <input type="checkbox"/> With family/friends <input type="checkbox"/> Homeless shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Intermediate Care Facility <input type="checkbox"/> Adult Home Care <input type="checkbox"/> Other	
Current Address: _____ _____ _____ _____		List Other Persons Living in Household by Name & Relationship:	
HOUSING			
Landlord Name	Telephone	Monthly Rent Amount	Address to mail rent:
EMERGENCY CONTACT(S)			
Name	Phone	Address	
	<input type="checkbox"/> Home <input type="checkbox"/> Cell		
Name	Phone	Address	
	<input type="checkbox"/> Home <input type="checkbox"/> Cell		

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: https://www.communityimpact.biz

Representative Payee Application

OTHER AGENCY INFORMATION			
Previous Payee Contact Information	Name: _____ Agency: _____ Phone: _____ Email: _____ Address: _____		
Current Caseworker	Name	Agency	Telephone
Current Caseworker	Name	Agency	Telephone
Current Caseworker	Name	Agency	Telephone
FINANCIAL INFORMATION (wages and/or benefits)			
Social Security Benefits <i>*Check ALL that apply*</i>	<input type="checkbox"/> SSI Amount: _____ <input type="checkbox"/> SSD Amount: _____ <input type="checkbox"/> SSDI Amount: _____ <input type="checkbox"/> Social Security Retirement Amount: _____ Is Client drawing benefits based on someone else's work record? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ SSN: _____ Relationship to Client: _____		

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: https://www.communityimpact.biz

Representative Payee Application

Employer Information

Client **MUST** inform Impact Community Resources LLC of wages from ANY employment. If currently employed, please complete the section below
IF NOT SKIP THIS SECTION:

Employer Name		
Address		
Telephone		
Email		
Website		

Please sign below to confirm that the client is NOT currently employed.

Print Name

Signature

Date

Other Resources

Bank Account

Yes

No

If YES account # _____

Routing # _____

Vehicle

Yes

No

Year _____

Make _____

Model _____

Residential Property Address

I _____ request that Impact Community Resources, LLC be my payee effective today

(Print name)

_____/_____/_____.

Signature: _____

Date: _____

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: <https://www.communityimpact.biz>

Representative Payee Application

Legal Guardianship

Does the Client have a Legal Guardian? Yes No *(If NOT SKIP THIS SECTION)*

If yes, please provide a certified copy of Guardianship Letters and signed SSA form 4164.

Guardian Name: _____

Address: _____

Telephone: _____

Extension: _____

Email: _____

Guardianship County: _____

File Number: _____

Is Client currently employed? Yes No

Additional Information:

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: <https://www.communityimpact.biz>

Representative Payee Application

EXPENSES INFORMATION:

Please list your routine monthly expenses below & indicate if personal funds are to be sent once per month or twice per month.

(Please Attach Additional forms if needed)

Creditor Information (name/phone/email)	Creditor Account Number	Amount	Frequency	Method of Payment (Check One)
<i>Spectrum 100 Love Lane, Charlotte NC 28222 Contact Person: Mary Jane Miles 980-555-1212 mary.miles@yahoo.com</i>	<i>00-00000</i>	\$100.00	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input type="checkbox"/> Check by mail
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Electronic Check <input checked="" type="checkbox"/> Check by mail

IMPACT COMMUNITY RESOURCES LLC

301 McCullough Drive, Charlotte, NC 28262 | Telephone: (704) 318-1032 | Email: payee@communityimpact.biz | Website: <https://www.communityimpact.biz>

Representative Payee Application Authorization for Representative Payee to Deal with Vendors/Creditors

I _____ Authorize my Representative Payee, Impact Community Resources LLC to speak with the following in order that Impact Community Resources LLC may act on my behalf to pay my bills, make payment arrangements, determine the mailing address of bills, or change my services. This authorization is to remain in place until I cancel it.

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

_____ Vendor/Creditor Name Account # _____

Signature: _____

Date: _____