



# CLIENT INFORMATION SHEET

2025

Name		Pronouns		SS#	DOB
Parents Names				Parents/Next of Kin Email and/or Phone #:	
Address, City, State, Zip				Client's Phone Number	
Place of Birth: City & State				Caseworker or Agency Email and/or Phone #:	
<b>If you have worked in the past 2 years, please complete: (use back of sheet if needed)</b>					
1. Employer name & address:				Collect Food Stamps?	If so, how much?
				Yes      No	
Date Hired	Date Terminated	Hours worked/day	Hours worked/week	Rate of pay/hr	
Do you currently have a representative payee or are required by SSA to have one? Circle    Yes    No					
If "No", you will need to have your physician or psychiatrist complete the SSA-787 form before we can move forward with this application. You can include the completed form with the application or send it to SSA directly.					
Where have you lived in the past 2 years? Please list each address, with dates you lived there as well as your living arrangement (homeless, group home, with family or roommate etc). (If you need more room, please use back of form)					
<b><u>PLEASE PROVIDE A COPY OF CURRENT LEASE OR RENTAL AGREEMENT</u></b>					
If you live at a different address than listed above, please provide address where you CURRENTLY reside:					
If you collect SSI and you live with others, please provide the following: Name(s), DOB(s) and if they receive Public Assistance (SNAP, MassHealth, etc.)				Do you rent or own?	How much is rent?
Have you ever been married? Circle    Yes    No                      If yes, provide name of spouse                      dates of marriage/divorce					
Any Bank Accounts? (Please use backside if needed)		Bank Name	Account Number	Balance	
Insurance policies or burial account?		Insurance Company or Burial Acct Holder Name			Value
Do you have a court appointment guardian? Circle    Yes    No					
If yes, please provide Guardian Papers & letter from your Guardian stating that they do not want to be Payee and would like us to be.					
Have you lived outside of the US or visited other countries in the past? Circle    Yes    No                      If yes, please give more info.					
Have you ever been convicted of a felony?    Yes    No                      If yes, please give more info.					

Client Signature

Date

# J&P ASSOCIATES, LTD

Thank you for your interest in J&P Associates, LTD. We are a fully bonded and insured Non-profit organization. We have been in business for over 18 years.

After appropriate paperwork is completed, we will apply to be your representative payee for Social Security. When appointed, we will handle all your Social Security needs.

When we receive your benefit, a bank account will be opened on which we receive your benefit as direct deposit. Each month, we will pay your bills and send spending checks for personal needs.

For this, a fee for service is charged.

Your bills should come to us directly, so we can pay them on time. It is your responsibility to make sure your bills are being sent to us. You can use our post office box like it was yours for your bills.

Things you will need to report to us:

1. Any change in your living arrangement
2. Any hospitalization for more than 1 month
3. Any start/stop of work

We also require you to send receipts to us for your spending checks.

By signing below, you understand and agree to the above.

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**Client signature**

## Advance Notification of Representative Payment

Name of Wage Earner, Self-Employed Person or SSI Claimant

Social Security Number

Name of Beneficiary (if other than above)

Relationship to Wage Earner, Self-Employed Person or SSI Claimant

I understand and agree with the following.

### Need for Representative Payee

The Social Security Administration (SSA) has decided that I need someone to manage my benefits. Because of this, SSA will send my benefits to a representative payee. It is the duty of the representative payee to use my benefits for my best interests.

### Choice of Representative Payee

SSA has selected \_\_\_\_\_ representative payee.

J & P ASSOCIATES LTD  
P.O. BOX 253  
WALPOLE, MA 02081

\_\_\_\_\_ to be my

### My Right to Appeal

I understand that I have the right to appeal SSA's decision. I can appeal the choice of who will be the representative payee. In most cases, I can also appeal the decision that I need a payee. If I appeal, I will have the right to review the evidence in file and submit new evidence. I understand that I can have a friend, lawyer or someone else to help me.

I understand that I must file an appeal within 60 days. If I file after the 60 day period, I must have a good reason for not having filed this appeal on time. I have to ask for the appeal in writing. I will contact an SSA office if I wish to appeal.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witnesses are required only if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

Address (Number and Street, City, State, and ZIP Code)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____		<i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
<b>6</b> City, state, and ZIP code			
<b>7</b> List account number(s) here (optional)			

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*