

SUNSHINE PAYEE CORPORATION

PO BOX 7997 ST PETERSBURG, FLORIDA 33734

727 398-3655

CLIENT FACT SHEET / PRINT

Date: _____

Name _____

SS# _____ - _____ - _____

Address _____

City/State/Zip _____

Phone Number with Area Code _____

If you live in an ALF or other facility give name _____

Date of Birth ____/____/____

Birth City & State _____

Mother's maiden name _____

Father's name _____

Case Manager's Name _____

Phone _____

Agency Name _____

Extension _____

How long at current address _____

Do you receive food stamps? _____

How much is your rent _____

Hospital dates In/out _____

How many in household _____

Jail dates In/out _____

Marital status _____

Names & SSN# of all people in household _____

Landlord Information

Former Payee

Name _____ ** _____

Address _____ ** _____

City/State/Zip _____ ** _____

Phone Numbers Area Codes _____ ** _____

Income Source, Circle All That Apply: SSI SSD SSA OTHER _____

List Amounts _____ _____ _____ _____

Expenses:

Rent/Room & Board Amount _____ Comments: _____

Electricity: Amount _____ _____

Phone: Amount _____ _____

Cable: Amount _____ _____

Other: Amount _____ _____

Other: Amount _____ _____