

SUNSHINE PAYEE CORPORATION

PO BOX 7997 ST PETERSBURG, FLORIDA 33734

(727) 398-3655

T.F. (866) 832-0764

CLIENT FACT SHEET (PLEASE PRINT)

Date ____/____/____

*Name _____

*Address _____

*SS# ____-____-____

*City/State/Zip _____

*Phone Number with Area Code _____

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

*Date of Birth ____/____/____

*Birth City & State _____

Next of Kin Name _____

*Mother's maiden name _____

Next of Kin Phone # _____

*Father's name _____

Marital status _____

Case Manager's Name _____

Phone _____ Ext _____

Agency Name _____

*How long at current address _____

*How much is your rent? _____

*How many people in your household? _____

*Names & SS# of all people in household _____

Jail Dates (In/Out) _____

Hospital Dates (In/Out) _____

LANDLORD INFORMATION

FORMER PAYEE

Name _____

Address _____

City/State/Zip _____

Phone Number with Area Code _____

INCOME (Circle All That Apply)

Income Source: SSI _____ SSA _____ SSD _____ OTHER _____

Do you receive food stamps? YES/NO If YES, how much? \$ _____

Do you have bank account? YES/NO

Do you have a Trust account? YES/NO

Do you have a Life Insurance Policy? YES/NO

Comments: _____