

# SUNSHINE PAYEE CORPORATION

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(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

Do you have a legal guardian? YES/NO

Comments: \_\_\_\_\_