REPRESENTATIVE PAYEE, FIDUCIARY, GUARDIANS AND FAMILY MEMBER AGREEMENT FORM.

This Agreement ("Agreement") is entered into as of [Date:_____], by and between:

1. **[_____ __]** ("Representative Payee" or "RP"),
   Address:_____
   Contact Information:

   Phone_____

   Email_____

2. **[_____]** ("Name of Fiduciary"),
   Address: _____
   Contact Information:

   Phone_____

   Email_____ of Fiduciary]

3. **[_____]** ("Family Member"),
   Address: [_____
   Contact Information:

   Phone_____

   Email_____

   Collectively referred to as "Parties."

WHEREAS, [_____] ("Client") is the beneficiary of this Agreement and requires assistance with the management of their finances, including paying monthly rent and other financial expenses; and

WHEREAS, the Parties agree to jointly oversee and ensure the Client's financial obligations are met on a timely basis, in accordance with the Client's best interests.

NOW, THEREFORE, the Parties agree as follows:

1. Roles and Responsibilities

- **Representative Payee (RP):**
  The RP will be primarily responsible for receiving and managing any funds received on behalf of the Client (e.g., social security benefits, pension, or other income sources). The RP shall ensure that these funds are used appropriately and, in the Client's, best interest.
- **Fiduciary:**
  The Fiduciary is appointed to assist with oversight and decision-making in the management of the Client's financial resources. This includes ensuring that financial obligations, including rent and other bills, are paid in a timely manner and that the Client's funds are being used to meet their needs.
- **Family Member:**
  The Family Member will support the RP and Fiduciary by providing additional assistance as needed, including verifying expenses, communicating with landlords, and helping to manage any family-related financial concerns for the Client.

2. Responsibilities for Monthly Rent and Expenses

The Parties agree to work together to ensure the following:

- **Rent Payments:** The RP and Fiduciary will prioritize monthly rent payments for the Client's residence, **ensuring that payment is made on time each month**.
- **Other Financial Expenses:** The RP and Fiduciary will also oversee the payment of other essential expenses, including utilities, medical bills, and any other necessary services related to the Client's daily living.

3. Duration and Termination of Agreement

- This Agreement shall remain in effect as long as the Parties continue to manage the Client's financial affairs. Any Party may terminate their involvement by providing at least 30 days written notice to the other Parties unless a shorter period is agreed upon by all Parties.
- Upon termination of the Agreement, all funds held on behalf of the Client will be returned to the Client or transferred to a new Representative Payee, Fiduciary, or legal guardian, as applicable.

6. Confidentiality

- The Parties agree to maintain the confidentiality of all financial and personal information regarding the Client. Such information will only be shared with appropriate individuals as necessary to fulfill the obligations under this Agreement.

7. Liability and Indemnification

- The Parties agree to act in good faith and in the best interests of the Client.
- If any Party is found to have acted negligently or outside the scope of their duties, they may be held responsible for any resulting financial losses to the Client.
- The Parties agree to indemnify and hold harmless each other from any claims or legal action resulting from the management of the Client's finances, except where such actions result from gross negligence or intentional misconduct.

8. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the state of [Maryland], without regard to its conflict of laws principles.

9. Signatures

By signing below, the Parties acknowledge that they have read, understood, and agreed to the terms and conditions of this Agreement.

Representative Payee:
Name: _____
Signature: _____
Date: _____

Fiduciary:
Name: _____
Signature: _____
Date: _____

Family Member:
Name: _____
Signature: _____
Date: _____