



Social Security Funds - Income and Expenditure Record

Participant Name _____ Month _____ Year _____

Balance reported at end of previous month (carry over from prior record) _____

Date	Description	Income or Expense?	Amount	New Balance

*If the Participant has a **personal** banking account, separate from their rep payee account, complete the bank information section on the reverse side.

_____ SLP should initial here if entries continue on the reverse side

Shared Living Provider Name (printed) _____

Shared Living Provider Signature _____

Service Coordinator Review and Approval	
_____	_____
Service Coordinator Signature	Date

GREEN MOUNTAIN SUPPORT SERVICES



Date	Description	Income or Expense?	Amount	New Balance

For those Participants with a **personal** bank account:

Bank Name	
Bank Account Number	
Balance	

Bank statements must be attached at least quarterly for verification.

Date of last submitted bank statement _____