HUMAN RESOURCES ADMINISTRATION
INVESTIGATION, REVENUE AND
ENFORCEMENT ADMINISTRATION
DIVISION OF LIENS AND RECOVERY
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NYC Human Resources Administration
Department of Social Services

20____ Annual Accounting of _____,

As Trustee for the _____, Supplemental Needs Trust

_____COURT OF THE STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Annual Accounting of

_____, *as Trustee for the*

_____*Supplemental Needs Trust* **Index No. _____**

Accounting Period from January 1, 20_____ to December 31, 20_____

TO THE _____ COURT OF THE STATE OF NEW YORK

COUNTY OF _____

I, _____ residing at _____

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the trustee of the _____ Supplemental Needs Trust for the Benefit of

_____do hereby make, render and file this

annual account and inventory for the year 20_____.

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

A. PRINCIPAL

1. BANK ACCOUNTS

Please list the name, address, account numbers and balance deposited in banks or other financial institutions. Please also list any cash on hand not in bank accounts. Please attach monthly bank statements to this accounting for each bank account.

BANK NAME	ADDRESS	ACCOUNT #	JANUARY 1st BALANCE	DECEMBER 31st BALANCE
A1. TOTAL BANK ACCOUNTS				

2. SECURITIES

Please list any Bonds, Notes, and Stocks and attach copies of the bonds and notes and/or brokerage statements of the Bonds, Notes and Stocks owned. If necessary, please attach a separate sheet.

FINANCIAL INSTITUTION NAME	ACCOUNT #	JANUARY 1st VALUE	DECEMBER 31st VALUE
A2. TOTAL SECURITIES			

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

A. PRINCIPAL (continued)

3a. OTHER PERSONAL PROPERTY

Please list and describe any personal property, owned by the trust, valued at $500 or more, and indicate the estimated value. Personal Property will include items owned before the SNT was established and those purchased by the trustee to benefit the Beneficiary. Include copies of insurance policy and/or appraisals. If necessary, please attach a separate sheet.

DESCRIPTION	INITIAL FUNDING AMOUNT	JANUARY 1st VALUE	DECEMBER 31st VALUE
A3a. TOTAL PERSONAL PROPERTY			

3b. VEHICLES

Please complete this section if a vehicle was purchased with funds from the trust. Please provide the "Proof of Purchase" if you have not already sent a copy to HRA.

VEHICLE TYPE (SEDAN, SUV, VAN)	VEHICLE MAKE AND MODEL	VEHICLE YEAR	PURCHASE PRICE	KELLY BLUE BOOK VALUE
A3b. TOTAL VEHICLES				

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

A. PRINCIPAL (continued)

4. REAL PROPERTY

Please describe the location and type of real property, the type of interest, and the market value. Please attach a copy of the deed to the property.

DESCRIPTION	TYPES OF INTEREST	DECEMBER 31st VALUE
A4. TOTAL REAL PROPERTY		

	January 1ST VALUE	December 31ST VALUE
SUB TOTAL PRINCIPAL – (Add A1+A2+A3a+A3b+A4)		

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

B. ASSETS and INCOME RECEIVED

1. ASSETS RECEIVED

Please list all assets received during the accounting period of this report. Please indicate the date the asset was received, the source, and amount or value. Examples of assets are inheritance, lump sum payments, monetary awards, gifts. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION	VALUE
B1. TOTAL ASSETS		

2. INCOME RECEIVED

Please list all income received during the accounting period from all sources listed in Schedule A and Schedule B. SSI payments should not be included in the accounting. Please indicate the date the income was received, the source, and the amount. Please only list realized gains in this section. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION and SOURCE	VALUE
B2. TOTAL INCOME RECEIVED		

	VALUE
SUB-TOTAL ASSETS AND INCOME RECEIVED-(Add B1+B2)	

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

C. DISBURSEMENTS and LOSSES

1. DISBURSEMENTS

Please list all disbursements, excluding investments, during the period, including date of payment, payee, and amount. Please attach documentation for any expense over $250.00 (such as a receipt) and a description of how each disbursement benefited the beneficiary. If necessary, please attach a separate sheet.

DESCRIPTION	PAYEE	DATE	PAYMENT METHOD	AMOUNT OF DISBURSEMENT
C1. TOTAL DISBURSEMENTS				

2. LOSSES INCURRED

Please list all realized losses incurred on assets, whether due to sale or liquidation. Please indicate the asset involved, the date, and the amount of the loss. Please attach documentation of the loss incurred. If necessary, please attach a separate sheet.

DATE	DESCRIPTION AND SOURCE	AMOUNT OF LOSS
C2. TOTAL DISBURSEMENTS		

	AMOUNT OF LOSS+AMOUNT OF DISBURSEMENT
SUB-TOTAL DISBURSEMENTS and LOSSES - (Add C1+C2)	

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

D. TRANSFER OF FUNDS BETWEEN ACCOUNTS DURING THE ACCOUNTING PERIOD

Please list all transfers of funds between trust accounts during the accounting period

DATE OF TRANSFER	ACCOUNT TRANSFERRED FROM	ACCOUNT TRANSFERRED TO	AMOUNT TRANSFERRED
D. TOTAL FUNDS TRANSFERRED			

E. SUMMARY OF ASSETS

1. TOTAL PRINCIPAL AS OF January 1st	
2. TOTAL ASSETS AND INCOME RECEIVED	
3. TOTAL DISBURSEMENTS AND LOSSES	
TOTAL PRINCIPAL ON HAND AS OF December 31st	

Add line 1 + line 2 then subtract line 3 to calculate line 4 "Total Principal on Hand as of December 31st".

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

F. ANNUITIES

Please list the "commuted values" of all Annuities where the trust or trustee is the Beneficiary. Please attach a complete Annuity contract for each Annuity if you have not already sent a copy of the contract (s) to HRA. Your insurance company can provide you with the "commuted value".

FINANCIAL INSTITUTION NAME	INITIAL FUNDING AMOUNT	JANUARY 1st VALUE	DECEMBER 31st VALUE
TOTAL ANNUITIES			

20____ Accounting of _____, as Trustee for the _____ _____,
Supplemental Needs Trust

G. INFORMATION

Date: ____/____/_____ **Date of First Accounting: ____/____/_____**

TRUSTEE(S)

Name: _____ Telephone#: (____) _____-_____

Address: _____

Relationship to Beneficiary: _____

Language of Preference: _____

Mailing Address: _____

(If Different) _____

Name: _____ Telephone#: (____) _____-_____

Address: _____

Relationship to Beneficiary: _____

Language of Preference: _____

Mailing Address: _____

(If Different) _____

If there has been a change of Trustee please indicate nature of change and attach copies of court documents:

_____

_____

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

Date of Order Appointing you Trustee: ____/____/_____

Name of Court that Appointed You:

_____

Name of Judge/Justice:

_____

Please attach a copy of the court order.

BOND

Bonding Company Name: _____

Address: _____

Value of Bond: $ _____

(If waived, please attach Court Order)

Amount of Bond Premium $ _____ Annual ___ / Lump Sum ___

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

GUARDIANSHIP

Was a Guardian appointed for the Beneficiary? Yes ____/ No____

Please provide the following information attaching any court orders associated with the Guardianship:

Date of Court Order Appointing Guardian: ____/____/_____

Name of the Court: _____

Name of Judge/Justice: _____

GUARDIAN(S)

Name: _____

Telephone#: (_____) _____-_____

Address: _____

Relationship to Beneficiary: _____

Language of Preference: _____

Mailing Address: _____

Is Guardian also a trustee of co trustee? Yes ____/ No____

(If Different) _____

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

Name: _____

Telephone#: (_____) _____-_____

Address: _____

Relationship to Beneficiary: _____

Language of Preference: _____

Mailing Address: _____

Is Guardian also a trustee of co trustee? Yes ____/ No____

(If Different) _____

BENEFICIARY

Name: _____

Address: _____

What is Beneficiary's relationship status?

Single

Married to: _____

Domestic Partnership to: _____

Widowed/Divorced by: _____

Please list any living relatives of the Beneficiary:

Name: _____

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

Relationship: _____

Is the Beneficiary still alive? Yes ____/ No____

If no, please provide date of death: ____/____/_____

What type of housing does the Beneficiary reside in?

Nursing Home/Residential Facility Group Home (Skilled Care): Yes ____/ No____

House/Apartment/Cooperative (Rented): Yes ____/ No____

If Skilled Care facility, please list name and telephone number of the Director:

_____

Telephone#: (_____) _____-_____

House/Apartment/Cooperative (Owned): Yes ____/ No____

If house/apartment/Cooperative is owned, who is owner?

_____

What is the Beneficiary's qualifying disability? You may attach a doctor's evaluation. Have there been any substantial changes to the Beneficiary's mental or physical condition since the last accounting?

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

If Yes, please explain the special needs or issues that the Beneficiary has:

Please describe the social capabilities of the Beneficiary:

Please provide any additional information about the Beneficiary that is relevant:

20____ Accounting of _____, as Trustee for the _____ _____, Supplemental Needs Trust

VERIFICATION

STATE OF NEW YORK
COUNTY OF: _____

_____, being duly sworn, states that I am the Trustee of the within named Beneficiary's Supplemental Needs Trust and that the attached annual accounting and schedules are, to the best of my knowledge and belief, a complete and true statement of my activities as such Trustee and of all my receipts and disbursements on account of trust estate and of all monies or other property belonging to the trust estate which have come into my hands or been received by any other person by my order or authority for my use and that I do not know of any error or omission in the _____ account to the prejudice of any person interested in the trust estate.

_____
Trustee

_____

_____

State: _____

Zip Code: _____

Telephone: (_____) _____- _____

Place Notary Public Seal Below:

Sworn to me before this ____ day

Of_____ 20____