Department of Social Services
Human Resources Administration
Department of Homeless Services

Department of Social Services
Accountability Office

INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
SUPPLEMENTAL NEEDS TRUST PROGRAM
4 World Trade Center, 40th Floor
New York, NY 10007
Phone: 718-557-1399 Fax: 917-639-0703
Email: SNTProgram@dss.nyc.gov

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 _____

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 .

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
A2. TOTAL SECURITIES			

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 policies and/or appraisals. If necessary, please attach a separate sheet.

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

3b. VEHICLES

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

VEHICLE TYPE (SEDAN, SUV, VAN)	VEHICLE MAKE AND MODEL	VEHICLE YEAR	JANUARY 1st VALUE	DECEMBER 31ST VALUE
A3b. TOTAL VEHICLES				

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. You should have the real property professionally appraised periodically. Please list the value indicated in the last annual accounting and the approximate current market value of the real property in the corresponding fields below. If the property was purchased in this accounting year, the last accounting value is zero.

DESCRIPTION	TYPES OF INTEREST	LAST ACCOUNTING VALUE	CURRENT MARKET VALUE
A4. TOTAL REAL PROPERTY			

DESCRIPTION	JANUARY 1st VALUE	DECEMBER 31st VALUE
SUB TOTAL PRINCIPAL–(Add A1+A2+A3a+A3b+A4)		

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 monetary awards, gifts. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION and SOURCE	AMOUNT OR 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. Please separate the income received by year, and list income in chronological order. If necessary, please attach a separate sheet.

DATE RECEIVED	DESCRIPTION and SOURCE	AMOUNT
B2. TOTAL INCOME RECEIVED		

B. ASSETS AND INCOME RECEIVED (continued)

3. GAINS

Please list all gains on assets, including unrealized gains from stocks, personal property, real property, or motor vehicles. Please indicate the asset involved, the date, and the amount of the gain. If necessary, please attach a separate sheet. For example, if the trust owned a piece of art that was previously worth $1,000.00, but was now worth $2,000.00 the gain listed here would be $1,000.00.

DATE OF GAIN	DESCRIPTION OF ASSET	AMOUNT OF GAIN
B3. TOTAL GAINS		

SUB-TOTAL ASSETS AND INCOME RECEIVED (Add B1+B2+B3)	

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.

DATE	DESCRIPTION	PAYEE	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 LOSSES		

SUB-TOTAL ASSETS AND INCOME RECEIVED (Add C1+C2)	

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

Please summarize the financial data of the trust. Add line 1 + line 2, then subtract line 3 to calculate line 4 "Total Principal on Hand as of December 31st".

1. TOTAL PRINCIPAL AS OF JANUARY 1st	
2. TOTAL ASSETS AND INCOME RECEIVED	
3. TOTAL DISBURSEMENTS AND LOSSES	
4. TOTAL PRINCIPAL ON HAND AS OF DECEMBER 31st	

F. ANNUITIES

Please list the "commuted values" of all Annuities that provide income to the trust. 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".

ANNUITY COMPANY NAME	INITIAL FUNDING AMOUNT	JANUARY 1st VALUE	DECEMBER 31st VALUE
TOTAL ANNUITIES			

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:

_____

_____

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 $ _____

The Bond Premium Covers a Period of: ☐ **One Year** ☐ **Multi-Year, Provide Number of Years:** _____

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, If Different: _____

_____

Is Guardian also a Trustee or Co-Trustee? Yes _____/ No_____

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

Address: _____

_____

Relationship to Beneficiary: _____

Language of Preference: _____

Mailing Address, If Different: _____

_____

Is Guardian also a Trustee or Co-Trustee? Yes _____/ No_____

BENEFICIARY

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

Address: _____

_____

Language of Preference: _____

What is Beneficiary's relationship status?

☐ **Single**

☐ **Married to:** _____

☐ **Domestic Partnership to:** _____

☐ **Widowed/Divorced by:** _____

Please list any living relatives of the Beneficiary:

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **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_____

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

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

House/Apartment/Cooperative (Rented): Yes _____/ No_____

House/Apartment/Cooperative (Owned): Yes _____/ No_____

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

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

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?

_____

_____

_____

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:

_____

_____

_____

VERIFICATION

STATE OF _____

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.

_____
Signature of Trustee

Address: _____

_____

City: _____

State: _____

Zip Code: _____

Telephone: ( ) -

_____-_____

Sworn to before me on this _____ day

Of _____, 20_____

_____
Notary Public

Affix Notary Public Seal or Stamp Below: