

Living In Familiar Environments

Rental Agreement – Room and Board

Client Name:				
Client SSN or Trust Numb	er:			
Name of Person Making Statement:			, Landlord	
I state that		is a se	is a separate household.	
	(Client Name)			
He/she pays \$	per month effective on		(mm/dd/yy).	
This is a flat fee arrangem	ent, which includes ro	oom and board (food a	and utilities).	
**I know that anyone who make in an application or for use in de punishable under Federal Law a	etermining a right to paym	ent under the Social Secu	rity Act commits a crime	
Client's Signature		Date	Date	
Signature of Person Making Statement		Telephone Nur	Telephone Number	
Mailing Address		City, State, Zip	City, State, Zip	
Address Where Client Resides		City, State, Zip	City, State, Zip	
*Is Landlord on SSI, GA, o	r AFDC?	OYes	O No	
*If yes, Landlord's Social S	Security Number			
*To ensure timely delivery we recommend direct dep			to the postal system, No	
*If you would like direct de	posit, please fax or m	nail a copy of a voided	check.	