



Living In Familiar Environments

Benefits Management Corporation and Living in Familiar Environments
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Rental Agreement – Room Rental

Client Name: _____

Client SSN or Trust Number: _____

Name of Person Making Statement: _____, Landlord

I state that I rent a room to _____ He/she pays
(Client Name)

\$ _____ per month effective on _____ (mm/dd/yy).
(Client Name)

does not make any of the household decisions. He/she _____ have access to
(does/does not)

storage and cooking facilities. _____ buys his/her own food. .

**I know that anyone who makes or causes to be made, a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law and/or State Law. I affirm that all information given on this document is true.

Client's Signature

Date

Signature of Person Making Statement

Telephone Number

Mailing Address

City, State, Zip

Address Where Client Resides

City, State, Zip

Landlord's SSN: _____

*Is Landlord on SSI, GA, or AFDC? [] Yes [] No

*Please submit a current utility bill, in the name of the landlord with this rental agreement.

*To ensure timely delivery of your rent check and to avoid delays due to the postal system, we recommend direct deposit. Are you interested? [] Yes [] No

*If you would like direct deposit, please fax or mail a copy of a voided check.