



**Benefits Management Corporation and
Living in Familiar Environments**
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Rental Agreement – Parent/Child

Client Name (print): _____

Client SSN or Trust Number: _____

Name of Person Making Statement: _____, Landlord – (Parent/Child)

I, Landlord, state that _____ is a separate household. He/she pays
(Client Name)

\$ _____ per month effective on _____ . _____
(amount) (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. If I were to
(Client Name)

rent this room to someone other than a family member, I would charge \$ _____ per month.
(amount)

I, _____ agree to return all funds to BMC in the event _____
(Landlord) (Client Name)
is no longer living at this address, including death of the client.

****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

Landlord, please submit a ☐ Current State ID and ☐ Current Utility Bill, in your name with this rental agreement.

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

***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.**