

## 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.