

Benefits Management Corporation

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Rental Agreement – Room Rental

Client Name (print): _____

Client SSN or Trust Number: _____

Name of Person Making Statement (print): _____, Landlord

I, Landlord, state that I rent a room to _____ . 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.
(Client Name)

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.