

## Stop Rent Payment Request

Date of Request: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client SSN or Trust Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Stop Rent Payments To: \_\_\_\_\_

Landlord Name

I request that Benefits Management Corp stop paying rent to the above named landlord until further notified by me in person. (Phone and/or Email notification is not accepted).

I certify that I will not hold Benefits Management Corp responsible for any legal action taken against me, including eviction for non-payment of rent. Benefits Management Corp will not be held responsible for any late or legal fees incurred as a result of my request.

I understand that to resume rent payments, I must appear in person at one of the Benefits Management Corp offices and sign a Rent Reinstatement Request.

I understand I have a right to make this decision and I understand I am solely responsible for any consequences. I hold Benefits Management Corp blameless.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature