



Benefits Management Corporation and Living in Familiar Environments
2640 Cordova Lane • Ranch Cordova, CA 95670
297 Commercial Street, Suite #700 • San Jose, CA 95112
www.webpayee.com * Phone (866) 622-3098 * Fax (866) 606-3248

Rental Agreement – Parent/Child

Client Name: _____

Client SSN or Trust Number: _____

Name of Person Making Statement: _____

Relationship of Person Making Statement: _____

I state that _____ is a separate household.
(Client Name)

He/she pays \$_____ per month effective on _____ (mm/dd/yy).

_____ does not make any of the household decisions. He/she
(Client Name)

_____ have access to storage and cooking facilities. _____
(does/does not) (Client Name)

buys his/her own food. If I were to rent this room to someone other than a family member, I
would charge \$_____ per month.

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 I have given on this document is
true.

Client's Signature

Date

Signature of Person Making Statement

Telephone Number

Mailing Address

City, State, Zip

Landlord's SSN:

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