



Benefits Management Corporation and
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Rental Agreement – Parent/Child

Client Name: _____

Client SSN or Trust Number: _____

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

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

\$_____ per month effective on _____ (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.

**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:

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

*Please submit a current utility bill, in the name of the landlord with this rental agreement.

*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.