



Living In Familiar Environments

Benefits Management Corporation and Living in Familiar Environments

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Rental Agreement – Room and Board

Client Name: _____

Client SSN or Trust Number: _____

Name of Person Making Statement: _____, Landlord

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

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

This is a flat fee arrangement, which includes room and board (food and utilities).

**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

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

*If yes, Landlord's Social Security Number _____

*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.