



Benefits Management Corporation and Living in Familiar Environments
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Rental Agreement – Room Rental

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

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

Name of Person Making Statement: \_\_\_\_\_

Relationship of Person Making Statement: \_\_\_\_\_

I state that I rent a room to \_\_\_\_\_ (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.

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