



Benefits Management Corporation and
Living in Familiar Environments
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Rental Agreement – Parent/Child

Client Name (print): \_\_\_\_\_

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

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

I, Landlord, state that \_\_\_\_\_ is a separate household. He/she pays
(Client Name)

\$ \_\_\_\_\_ per month effective on \_\_\_\_\_ .
(amount) (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.
(amount)

I, \_\_\_\_\_ agree to return all funds to BMC in the event \_\_\_\_\_
(Landlord) (Client Name)
is no longer living at this address, including death of the client.

\*\*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

Landlord, please submit a [ ] Current State ID and [ ] Current Utility Bill, in your name with
this rental agreement.

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

\*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.