



Living In Familiar Environments

**Benefits Management Corporation and
Living in Familiar Environments**

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Stop Rent Payment Request

Date of Request: _____

Client Name: _____

Client SSN or Trust Number: _____

Phone: _____

Stop Rent Payments To: _____

Landlord Name

I request that Benefits Management Corp / LIFE stop paying rent to the above named landlord until further notified by me in person. (Phone and/or Email notification is not accepted).

I certify that I will not hold Benefits Management Corp / LIFE responsible for any legal action taken against me, including eviction for non-payment of rent. Benefits Management Corp / LIFE will not be held responsible for any late or legal fees incurred as a result of my request.

I understand that to resume rent payments, I must appear in person at one of the Benefits Management Corp / LIFE offices and sign a Rent Reinstatement Request.

I understand I have a right to make this decision and I understand I am solely responsible for any consequences. I hold Benefits Management Corp / LIFE blameless.

Print Name

Date

Signature