

TENANT/CLIENT INFORMATION

Tenant/Client's Name \_\_\_\_\_  
First Last Phone #

Rental Address \_\_\_\_\_  
House Number & Street (Apt #) Apartment/House/ R & B / AFC Home (Circle One)

\_\_\_\_\_ City State Zip Code  
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Landlord Must Complete Rest of Form

Monthly Rent Rate \$ \_\_\_\_\_ Security Deposit of \$ \_\_\_\_\_ Required/Already Paid  
Security Deposit Payments of \$ \_\_\_\_\_ per month will be acceptable until paid in full  
Room and Board Rate \$ \_\_\_\_\_ AFC Rate \$ \_\_\_\_\_  
\*Date person moved into property: \_\_\_\_\_ \* Are you the property owner: \_\_\_\_\_

If any of the following items are included in the rent, mark with an X

	<u>Utilities</u>		<u>Appliances</u>
Heat	_____	Cooking Stove	_____
Electricity	_____	Refrigerator	_____
Gas (other than heat)	_____	Washer/Dryer	_____
Garbage Removal	_____	Sump Pump	_____
Water Sewer	_____		_____

Landlord/Provider Information: Checks in: My Name or Business Name (Circle One)

Landlord's Name \_\_\_\_\_  
First & Last Name of Business if any

Address \_\_\_\_\_  
Number & Street Name Apartment # (if applicable)

\_\_\_\_\_ City State Zip Phone

Do you get SSI ? NO or YES If Yes we need your SS #: \_\_\_\_\_  
Circle One (For Tax Purposes)

You (LL) have agreed to rent to the client named above. Please understand that FSA provides a professional Representative Payee service. Due to the amount of clients served, rent checks cannot be mailed until the 4<sup>th</sup> of each month. We ask kindly that you waive any late fees that may occur due to this as our clients cannot afford to pay late fees, their income is very limited. By signing below, you certify that the above named person rents property from you at the above address and all information is true. This information is shared with the Social Security & DHS offices.

Landlords Signature \_\_\_\_\_ Date \_\_\_\_\_