



AllTrust

Payee Corp., Inc.

LANDLORD AGREEMENT

Client Name:		Telephone:	
<p>Renting a Room That INCLUDES Utilities <i>*I am renting a room that is a fair share and current market amount. I have access to cooking facilities, but must buy my own food.</i></p> <p>*Shared Rent: <i>(Please complete ROOMMATE information below)</i></p> <p>Assisted Living/Adult Foster Home <i>(Please provide a copy of the 512 if available)</i></p> <p>Renting and Paying for Utilities <i>(Please provide a copy of your signed lease agreement)</i></p> <p>Other: <i>(Please describe)</i> _____</p>			
Client - New Address Information			
Address:		Mailing Address: <i>(If Different)</i>	
*Roommate Name(s): complete *'s if shared rent		*Date of Birth(s):	*Income:
Landlord Information			
Payable To:		Contact Telephone:	Move In Date:
Mailing Address:			Rent Amount:
Name of Facility: <i>(Assisted Living/AFH/Other Facility)</i>		Contact: <i>(Assisted living/AFH/Other Facility)</i>	
<p>Landlord Signature: By signing this form I as the landlord hereby agree to notify AllTrust Payee Corp., Inc. immediately if the tenant is relocated, hospitalized or institutionalized. This form indicates a month by month rental agreement and any rent received when the tenant is no longer living at the property will be returned to AllTrust in a timely manner.</p> <p>Landlord Signature: _____ Date: _____</p>			
<p>Tenant Signature: By signing this form, I hereby agree that all of the above is true to the best of my knowledge. I agree to notify AllTrust Payee Corp., Inc. immediately if I decide to move, become hospitalized, or institutionalized if capable.</p> <p>Tenant Signature: _____ Date: _____</p>			