



AllTrust

Payee Corp., Inc.

LANDLORD AGREEMENT

Client Name:	Telephone:
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Renting a Room That INCLUDES Utilities

**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.*

***Shared Rent:** *(Please complete ROOMMATE information below)*

Assisted Living/Adult Foster Home *(Please provide a copy of the 512 if available)*

Renting and Paying for Utilities *(Please provide a copy of your signed lease agreement)*

Other: *(Please describe)* _____

Client - New Address Information

Address:	Mailing Address: <i>(If Different)</i>
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*Roommate Name(s): complete *'s if shared rent	*Date of Birth(s):	*Income:
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Landlord Information

Payable To:	Contact Telephone:	Move In Date:
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Mailing Address:	Rent Amount:
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Name of Facility: <i>(Assisted Living/AFH/Other Facility)</i>	Contact: <i>(Assisted living/AFH/Other Facility)</i>
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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.

Landlord Signature:

Date:

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.

Tenant Signature:

Date: