

# *Helping Hands Payee Services Inc.*

## *Rental /Address Change Information*

Client Name:		Telephone:	
<p><b>Renting a Room That INCLUDES Utilities</b>  <i>* I am renting a room that has access to cooking facilities, but must buy my own food.</i></p> <p><b>*Shared Rent:</b> <i>(Please complete ROOMMATE information below)</i></p> <p><b>Assisted Living/Adult Foster Home</b> <i>(Please provide a copy of the 512 if available)</i></p> <p><b>Renting and Paying for Utilities</b> <i>(Please provide a copy of your signed lease agreement)</i></p> <p><b>Other:</b> <i>(Please describe)</i> _____</p>			
<i>Client - New Address Information</i>			
Address:		Mailing Address: <i>(If Different)</i>	
*Roommate Name(s): <small>complete *'s if shared rent</small>	*Date of Birth(s):	*Income:	
<i>Landlord Information</i>			
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><small>* I know that anyone who makes or causes to be made, a false statement or representation of material fact 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 on this document is true and correct to the best of my knowledge.</small></p> <p><small>* I will notify Helping Hands Payee Services, Inc. immediately if there are any changes to this agreement.</small></p>			
Client Signature:			Date:
Landlord Signature:			Date:

**Please Note:**

\*Most rents are scheduled to be released on the 25<sup>th</sup> of each month. It is important that we have at least one weeks' notice to stop a rent. If you fail to contact our office in a timely manner, we cannot guarantee the payment will be stopped.

\*Your Landlord may require a 30 Day Notice to move.

\*To ensure you receive mail at your new address; make sure to file for a change of address with the Post Office as well.

**\*\*\*Direct Deposit for Rent Available by Request\*\*\***

*Mailing Address  
 Post Office Box 1610  
 Roseburg OR 97470*

*Main Office: (541) 679-5318  
 Roseburg: Catherin (541) 679-5807  
 Medford: Sheri (541) 500-1593*

*Fax: (888) 817-4751  
 Email: office@helpinghandspayee.org  
 Web Site: www.helpinghandspayee.org*