

# Helping Hands Payee Services Inc.

## Rental /Address Change Information

Client Name:		Telephone:	
<b>Renting a Room That INCLUDES Utilities</b> <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>			
*Shared Rent: <i>(Please complete ROOMMATE information below)</i>			
Assisted Living/Adult Foster Home <i>(Please provide a copy of the 512 if available)</i>			
Renting and Paying for Utilities <i>(Please provide a copy of your signed lease agreement)</i>			
Other: <i>(Please describe)</i> _____			
<i>Client - New Address Information</i>			
Address:		Mailing Address: <i>(If Different)</i>	
*Roommate Name(s):    complete *'s if shared rent	*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>	
<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. * I will notify Helping Hands Payee Services, Inc. immediately if there are any changes to this agreement.</small>			
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

Roseburg Office: (541) 679-5318  
Medford Office: (541) 500-1593

Fax: (888) 817-4751  
Email: [office@helpinghandspayee.org](mailto:office@helpinghandspayee.org)  
Web Site: [www.helpinghandspayee.org](http://www.helpinghandspayee.org)