



100 Boston Turnpike Rd. Ste. J9B – Shrewsbury, MA 01545  
Ph. 508-233-8373 fax 888-877-2603 email: Friendsmoneymanager@gmail.com

## Friend\$ Money Manager Enrollment Form

*I agree to have Rent Secure Inc. DBA Friends Money Manager help me manage my SSA, SSI, SSDI and/or any employment related income I identify to help ensure my rental / tenancy obligations are met as outlined in this agreement and attached documentation. In return for these services I agree to pay a fee of twenty-five or thirty dollars per month depending on my services.*

**Please write clearly!**

**Date:**

### CLIENT INFORMATION

Client / tenant

Name:

Date of birth:

Client address:

Town, state and zip-code:

Email:

Phone number:

Is this a cell phone? *(circle one)* YES NO

Can we send texts to this phone? *(circle one)* YES NO

Reason you're enrolling in Friend\$ Money Manager:

*(circle one)* Voluntary assistance Court order or agreement Landlord preference



Friend\$ Money Manager is Rent \$ecure Inc. company



**Friendsmoneymanager.com**



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I have read and agree to the Friend\$ Money Manager Term and Conditions

(circle) YES and Initial here:

**AUTHORIZED REPRESENTATIVE**

*(If we're not working with an authorized representative skip to INCOME INFORMATION)*

*Completing this section constitutes a two-way release of information for Friend\$ Money Manager to communicate with the identified authorized representative.*

I do want Friend\$ Money Manager to work with the authorized person / agency below to help me manage my finances, as outlined in the Friend\$ Money Manager Terms and Conditions.

(circle one) YES NO

**Authorized Representative Information**

Name:

Company:

Title:

Email:

Phone number:

Fax:

Mailing Address:

Town, state, zip code:



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INCOME INFORMATION

What is your employment status? *(The bank requires this information. Circle one)*

Employed    Unemployed    Student    Foreign student    Retired    Homemaker

What was your last occupation? *(Bank required information. The last job worked, if you haven't worked in over ten years or never worked write N/A)*

Primary source of income I'd like Friend\$ Money manager to help manage and pay my bills from is:

*(circle one)*            SSA benefits            Employment Income            Other

Date you receive and amount for your check? *(check all that apply)*

\_\_\_\_\_ 1<sup>st</sup> of the month – Amount: \_\_\_\_\_

\_\_\_\_\_ 3<sup>rd</sup> of the month – Amount: \_\_\_\_\_

\_\_\_\_\_ Weekly – - - - - Amount: \_\_\_\_\_

\_\_\_\_\_ Every two weeks – Amount: \_\_\_\_\_

What day are you paid? *(circle one)*

MON.    TUES.    WEDS.    THURS.    FRI.    SAT.    SUN.    The day changes



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If the client is unable to have an ATM or debit card how do you want to receive your remaining funds? *(check one)*

\_\_\_\_\_ Mail a check

\_\_\_\_\_ Transfer to a pre-paid debit card I provide

\_\_\_\_\_ Bank to bank transfer to my current bank account

\_\_\_\_\_ PEX pre-paid VISA card we provide *(no access to cash)*

\_\_\_\_\_ Pay-pal or similar

### *RENT AND BILLS*

*Information about who your landlord is, rent amount, arrears amounts and bills you'd like us to pay.*

#### *Landlord, Property Manager or Company*

Name:

Phone number:

Email:



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Who the rent payment should be made out to:

Client / Tenant account number *(if applicable)*:

Where should rent payments be sent?

Name:

Street:

Town, state, zip-code:

Rent amount per month:

Are there arrears to be paid in addition to rent? *(circle one)* YES NO

Arrears amount to be paid each month:

Total amount paid each month *(rent and arrears)*:

Date last arrears payment is due *(leave blank if unsure)*:

Total amount of arrears owed:



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Your enrollment allows for the payment of one additional bill to be paid Please list this bill information. *(Leave blank if not applicable)*

Payments are sent to

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

**ADDITIONAL SERVICES**

*Other bills you'd like us to pay.*

*Each Friend\$ Money Manager Enrollment provides the service of having your rent and one (1) bill paid.*

If you would like Friend\$ Money Manager to pay more than your rent plus one bill, and agree to pay an additional five dollars per month for this additional service, please circle yes and initial next to it.

*(circle)* YES Initial:



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Please pay these bills also.

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:



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