



Full Budgeting Assistance Contract

Tenant Name _____ (_____) _____ - _____
Phone Number

Tenant's Address _____

Email Address (required) _____

_____/_____/_____ - _____ - _____
Date of Birth Social Security Number

Place of birth Mothers maiden name

I, or my advocate, have discussed my needs with a Rent Secure representative. I agree to have Rent Secure help manage my SSA, SSI, SSDI, and/or any work related income, and/or any other income I identify to help ensure my rental obligations are met as outlined in this Agreement or attached documentation. In return for these services I agree to pay a fee of \$25.00 per month.

I understand that if requested Rent Secure will provide the following services:

- Deposit, monitor, review and distribute funds that are deposited into an account setup in my name
- Develop budget plans to meet my financial goals
- Process payments and store records of my expenses
- Monthly account reconciliation
- Upon request issue reports outlining account activity/balances and/or create online access to monitor one's own finances

I agree to:

- Pay Rent Secure's monthly fee
- Treat staff with courtesy and respect
- Receive an agreed upon amount for spending every month as determined once my expenses are paid

If I wish to terminate services with Rent Secure Inc. I can do so freely at any time by:

- Submit a signed Termination of Services agreement informing Rent Secure Inc. of my choice to discontinue services
- Submit to the Social Security Administration or employer where future monthly deposits are to be made

Initial here to
add this service
Your enrollment with Rent Secure provides you the service of having your rent and one (1) additional bill managed. If you would like Rent Secure to manage more than one (1) of your bills, please initial indicating you would like to add this service and agree to pay an additional \$5.00 for this.

I would like to allow Rent Secure to work with the authorized person/agency outlined below to help manage my finances. I understand that I have a right to revoke the authorization at any time. If I revoke this authorization, I must do so in writing and present it to the person/facility/agency that was authorized to release the information. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that once the above information is disclosed, the recipient may re-disclose it and the information may not be protected by federal or state privacy laws or regulations. I understand that authorizing the use or disclosure of the information identified above is voluntary and that this authorization to release my information is considered active while I am a client of Rent Secure. I understand that I do not need to sign this authorization to continue to receive services from Rent Secure Inc.

Person / Agency Name (_____) _____ - _____
Phone Number

Person/Agency Email Address