



727 Ulster Avenue, Kingston, NY 12401 | www.rcal.org

TEL: 845.331-7039

FAX: 845.331.2076

reppayee@rcal.org

Representative Payee (Rep Payee) Rental Agreement Letter

Date _____

To Whom It May Concern:

_____ will be residing at

Name of tenant

Address of tenant

The tenancy will begin on _____ and continue until RCAL is notified by the landlord or the tenant in writing that this agreement has been terminated. The tenant named above will have a total amount of \$ _____ per month. Tenants' portion will \$ _____

- o Another source is paying. (Please indicate) _____

*Please make the check payable to:

Landlord Name Telephone Number

Landlord Mailing Address City State Zip Code

Landlord's Signature Date: _____

Tenant's Signature Date: _____

***Important Note: Due to the nature of the Social Security Department's Deposits, rent checks will not be available before the 5th of every month.**