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### 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 \$ \_\_\_\_\_

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 5<sup>th</sup> of every month.**