

San Francisco Culinary, Bartenders & Service Employees Trust Funds

RENT, MORTGAGE OR UTILITIES ASSISTANCE

RENT VERIFICATION FORM

ATTACH COPY OF RENTAL AGREEMENT AND RETURN THIS FORM TO:

BeneSys Administrators

1182 Market Street, Suite 320 San Francisco, CA 94102-4919

CLAIMS/BENEFITS/ELIGIBILITY: (844) 492-9157 FAX: (415) 233-9341

PARTICIPANT NAME		SSN/PARTICIPANT ID
TO BE COMPLETED BY LANDLORD		
NAME OF LANDLORD	MAKE CHECK PAYABLE TO (IF DIFFERENT):	
MAILING ADDRESS OF LANDLORD		
CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE	FAX
TOTAL MONTHLY RENT AMOUNT		DOES TENANT RECEIVE OTHER ASSISTANCE OR SUBSIDIES?
RENT AMOUNT REQUESTED (EXCLUDING OTHER SUBSIDIES)		DOES RENT INCLUDE UTILITIES?
ADDITIONAL COMMENTS:		
SIGNATURE OF LANDLORD		DATE SIGNED
ATTACH COPY OF RENTAL AGREEMENT WHEN SUBMITTING THIS FORM		

FOR ADMINISTRATIVE USE ONLY

HEALTH & WELFARE:	TRUST ACCOUNTING:
AMT APPROVED \$	SETUP COMPLETED BY
MONTH BEGINNING	DATE
COMPLETED BY	
DATE	
DENIAL COMMENTS	