

# 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
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#### TO BE COMPLETED BY LANDLORD

NAME OF LANDLORD	MAKE CHECK PAYABLE TO (IF DIFFERENT):
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MAILING ADDRESS OF LANDLORD		
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CITY	STATE	ZIP CODE
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EMAIL ADDRESS	PHONE	FAX
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TOTAL MONTHLY RENT AMOUNT	DOES TENANT RECEIVE OTHER ASSISTANCE OR SUBSIDIES?
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RENT AMOUNT REQUESTED (EXCLUDING OTHER SUBSIDIES)	DOES RENT INCLUDE UTILITIES?
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ADDITIONAL COMMENTS:
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SIGNATURE OF LANDLORD	DATE SIGNED
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**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	