



100 Boston Turnpike Rd. Ste. J9B – Shrewsbury, MA 01545  
Ph. 508-233-8373 fax 888-877-2603 email: Friendsmoneymanager@gmail.com

## Enrollment Form

*I agree to have Rent Secure Inc. DBA Friends Money Manager help me manage my SSA, SSI, SSDI and/or any employment related income I identify to help ensure my rental / tenancy obligations are met as outlined in this agreement and attached documentation. In return for these services, I agree to pay a fee of twenty-five or thirty dollars per month for these services.*

**Please write clearly!**

### CLIENT INFORMATION

Name:

Date of birth:

Street address:

Town, state, and zip-code:

Email:

Phone number:

Is this a cell phone?                    YES            NO

Can we send texts to this phone?    YES            NO

Reason you are enrolling in Friend\$ Money Manager (check one):

Voluntary assistance       Court order or agreement       Landlord preference

I have read and agree to the Friend\$ Money Manager Term and Conditions.

Initial here: \_\_\_\_\_



Friend\$ Money Manager is Rent \$ecure Inc. company



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*AUTHORIZED REPRESENTATIVE*

*(If we are not working with an authorized representative skip to INCOME INFORMATION)*

I do want Friend\$ Money Manager to work with the authorized person / agency below to help me manage my finances, as outlined in the Friend\$ Money Manager Terms and Conditions.

YES      NO

Completing this section constitutes a two-way release of information for Friend\$ Money Manager to communicate with the identified authorized representative.

*Authorized Representative Information*

Name:

Company:

Title:

Email:

Phone number:

Fax:

Street Address:

Town, state, zip code:



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INCOME INFORMATION

What is your employment status? *(The bank requires this information. Circle one)*

Employed     Unemployed     Student     Retired     Homemaker

What was your last occupation?

*(Bank required information. The last job worked, if you have not worked in over ten years or never worked write N/A)*

Primary Source of income:

SSA benefits                       Employment Income                       Other

When you receive your check and amount? *(check all that apply)*

1<sup>st</sup> of the month    Amount:

3<sup>rd</sup> of the month    Amount:

Weekly                      Amount:

Every two weeks    Amount:

What day are you paid (circle one)?

Mon.    Tues.    Weds.    Thurs.    Fri.    Sat.    Sun.    Day varies.



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If the client is unable to have an ATM or debit card how do you want to receive your remaining funds? *(check one)* Notes:

- \_\_\_\_\_ Mail a check.
- \_\_\_\_\_ Transfer to a pre-paid debit card I provide.
- \_\_\_\_\_ Bank to bank transfer to my current bank account
- \_\_\_\_\_ PEX pre-paid VISA card we provide *(no access to cash)*
- \_\_\_\_\_ Pay-pal or similar.

*RENT AND BILLS*

*Information about who your landlord is, rent amount, arrears amount and bills you would like us to pay.*

*Landlord, Property Manager or Company Contact Information*

Name:

Phone number:

Email:



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*Where should rent payments be sent?*

Who the rent payment should be made out to:

Street Address:

Town, state, zip-code:

Client / Tenant account number (if applicable):

Are there arrears to be paid in addition to rent?                      YES                      NO

Rent amount per month:

Arrears amount to be paid each month:

Total amount paid each month *(rent and arrears)*:

Total amount of arrears owed:

Date last arrears payment is due:

Other info:



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Your enrollment allows for the payment of one additional bill to be paid Please list this bill information. *(Leave blank if not applicable)*

*1<sup>st</sup> Bill information*

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

*ADDITIONAL SERVICES*

*Each Friend\$ Money Manager Enrollment provides the service of having your rent and one (1) bill paid.*

I would like Friend\$ Money Manager to pay more than your rent plus one bill and agree to pay an additional five dollars per month for this additional service.

YES      NO      Initial:



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*Additional bills you would like us to pay.*

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:

Account number:

Company:

Street Address:

Town State, zip-code:

Amount to be sent every month:



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