FRIEND$MONEY MANAGER

43 Maple Ave #217 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

Friendsmoneymanager.com

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:

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)*

_____ 1st of the month   Amount:

_____ 3rd 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.

How would you like to access your remaining funds? *(check one)*

_____ Bank to bank transfer to my current bank account (please also complete an Authorization for Direct Deposit Form)

_____ Transfer to a pre-paid debit card I provide. (please also complete an Authorization for Direct Deposit Form)

_____ Avidia Bank Debit card

_____ Mail a check.

_____ PEX pre-paid VISA card we provide (*no access to cash*)

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:

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:

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

1ˢᵗ 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. (Circle one)

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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