



Tenant Contract for Non Master-Lease MPP Clients

I accept _____, residing in
(Name of Tenant)
Unit # _____ of the _____ Hotel at
(Name of Hotel)
_____, as a tenant in the Modified Payments Program /
(Hotel Address)
Representative Payee Program starting on _____.
(Date)

Tenant Rental Information
The rent is \$_____ per month. Lease Start Date: _____
Move-In Pro-Rate (If Applicable): _____ Dates: ___/___/___ - ___/___/___
Rent Pay Type: [] 1st Only [] 1st and 15th
Security Deposit (if applicable) \$_____ [] Paid [] Not Paid
Back Rent Owed (if applicable) \$_____ through ___/___/_____.
ATTACH ANY CURRENT PAYMENT PLAN DOCUMENTATION.

Building Operator Contact Information:

Name: _____ Email: _____
Phone: _____ Fax: _____
Mailing Address: _____

Building Operator's Signature _____ Date _____

MANAGERS, PLEASE NOTE:
TENDERLOIN HOUSING CLINIC SENDS RENTAL PAYMENTS ON THE
5TH BUSINESS DAY OF THE MONTH.

TENANTS PLEASE NOTE:
TENDERLOIN HOUSING CLINIC DOES NOT ACCEPT CASH OR PERSONAL CHECKS!
TENDERLOIN HOUSING CLINIC ACCEPTS ONLY GOVERNMENT CHECKS,
CASHIER'S CHECKS OR MONEY ORDERS.

Fax To: _____ Fax Number: _____