

Center for Disability Rights, Inc.

497 State Street Rochester, New York 14608 (585) 546-7560 V/TTY (585) 546-7567 FAX
PooledTrust@cdrnys.org

Community Supplemental Needs Trust

Rental or Room and Board Agreement

This is a rental agreement between _____ (Landlord) and
_____ (Tenant).

The tenant resides at:

The rent amount of \$ _____ is to be paid to _____ on the _____ of each
month in exchange for residing at the above noted address.

Rent should be mailed to:

Please check one:

This is a month to month rental agreement

This agreement will run from _____, 20____ till _____, 20____.

The Center of Disability Rights Pooled Trust will commence paying this rent as of _____, and
will run continuously until indicated in writing that a change has occurred or date the agreement expires.

(Landlord Name)

(Date)

(Tenant Name)

(Date)