



RENTAL INFORMATION

If you do not have a lease or mortgage documents, please have your landlord or the person you are renting from, complete, sign and date this form.

Tenant Information:

Name of tenant: \_\_\_\_\_

List all individuals residing in the unit with the above tenant:

Table with 2 columns: Adults, Children. Multiple empty rows for data entry.

Property Information:

This form is to verify shelter expenses for the above named person. This is not an Agreement with the County of Dufferin. The County of Dufferin is not responsible for the payment of rent.

Address of Rental Unit: \_\_\_\_\_

Period of Lease: From \_\_\_\_\_ To \_\_\_\_\_

Type of Accommodation: Room Apartment House Room & Board (Food included)
Is the above Tenant's rental space a self-contained unit? Yes No

If not, what percentage of the total cost of this rental unit is paid by the above tenant? \_\_\_\_\_%
Total Rent Amount: \$\_\_\_\_\_ monthly or \$\_\_\_\_\_ weekly
Amount required by the landlord to secure accommodations: \$\_\_\_\_\_
Are any other initial costs required? Yes No
If yes, how much? \$\_\_\_\_\_ for \_\_\_\_\_

Landlord Information:

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_
Address: \_\_\_\_\_

In relation to the above property, the landlord listed above is the:
Owner Property Manager Lessor Other, please explain: \_\_\_\_\_

The owner of this property (if different from the Landlord): Name: \_\_\_\_\_
Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Landlord \_\_\_\_\_
(YYY/MM/DD)

Date \_\_\_\_\_ Signature of Tenant \_\_\_\_\_
(YYY/MM/DD)

Consent Information

I, \_\_\_\_\_ consent to the release of the above information for the purpose of verifying my eligibility for County of Dufferin programs. Date \_\_\_\_\_ Signature \_\_\_\_\_ (YYYY/MM/DD)

Personal information on this form is collected under the authority of the Municipal Act. This information will be used for the purpose of providing social assistance to qualifying applicants, withholding assistance from those not qualified and for investigating fraud. For questions regarding the collection of this information, contact the Ontario Works Program Manager at 519-941-2816 x2203.