**Accommodation Verification** 

**Part 1:** To be completed by the ***tenant***, please print.

|  |  |
| --- | --- |
| Name: | Member ID: |
| New Street Address: | Caseworker: |
| Apartment /Box#: | Phone#: |
| City/Town: | Postal Code: |
| Pay Direct Authorized by Tenant:  Yes No  **This authorization does not affect, in any way, my responsibilities or obligations as a tenant as set out in the *Commercial Tenancies Act* and the *Residential Tenancies Act, 2006.*** | |

**Part 2 & 3:** To be completed ***by landlord, owner or superintendent***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Landlord Name and Address: | | | Do you own the building/property:  Yes No | |
| Phone #:  Work #: | |
| Landlord Email:  *\*\*To communicate when a pay direct is no longer eligible* | | | Are you a parent/relative of the tenant:  Yes No | |
| **Part 3**: Rental Information - To be completed ***by*** ***landlord, owner or superintendent*** | | | |  |
| Accommodation type:  Room Apartment House Use of House | | | Date of Occupancy: | |
| Is this a shared accommodation?  Yes No | ***If Yes***, with whom? *(List all persons residing at the address)* | | | |
| ***If Yes***, Total Rent Amount for the Accommodation: | | | |
| Rental Amount paid by *tenant* each month: | | Is Hydro Included? | Yes No | |
| Is Heat Included? | Yes No | |
| Is Water/Sewage Included? | Yes No | |
| Is Food Included? | Yes No | |
| Pay Direct Requested by Landlord:  Yes No  **Disclaimer:** **Please be advised that this Accommodation Verification form does not constitute a contractual agreement of any kind between the landlord and the District of Parry Sound Social Services Administration Board. This form is for verification of rental information only. There is no guarantee that the Pay Direct rent payment will be issued each month as it is dependent on the continued eligibility of the Ontario Works Client. Please note that any damages incurred or arrears owing is the responsibility of the tenant.** | | | | |

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Tenant Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Landlord Signature Date