

I,

Agreement to Pay Direct to Landlord / Organization

, Member Identification Number

(CLIENT NAME)	(MEMBER ID)
reside at	(CITY / TOWN)
and I hereby request a direct payment to(LANDLORD/OR	
amount of \$ monthly.	
I acknowledge that any rent due over and above the amoun	t of the direct payment or in
addition to my accommodation costs are my personal response	onsibility to maintain.
Should my file be placed on suspend, cancelled, or if I bec	ome ineligible for assistance at
any time, it is my responsibility to contact my landlord or other organization and arrange	
my own payment.	
Client Signature:	Date:
Caseworker Signature:	Date: