



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Child, Family and Community Service Act* (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be discussed with the social worker.

Instructions: This form is to be completed in full and signed by the landlord, or representative, of the rental property.
Please print or write clearly.

I, _____ have agreed on an arrangement with:
(Landlord's full legal name including middle name(s))

_____ to charge:
(Renter's full name)

\$ _____ Rent per month \$ _____ Damage Deposit \$ _____ Room and Board

If utilities are included, check box:

☐ Electricity/Hydro ☐ Heat/Gas (other than Hydro) ☐ Telephone ☐ Internet

At rental unit address:

Renter will be moving in (has moved in) as of (yyyy-mmm-dd):

Is this a shared rental: ☐ Yes ☐ No

If yes, please name the other tenant(s):

Landlord Information

Are the rental cheques payable to: ☐ the above named person ☐ a business

Payment distribution: ☐ mailed ☐ picked-up ☐ direct deposit

*If Direct Deposit, cheques cannot be issued locally, and must be processed by Finance (Fast Track, Regular).

Accounts Payable [Vendor Data Form](#) & [Direct Deposit Application Form](#) is required

If payable to a business, the following information is required:

Legal Business Name:

Doing Business As (DBA) Name:

Business and/or GST number:

Mailing Address for Payments:

Phone Number (999-999-9999):

Email:

Landlord Signature:

Date (yyyy-mmm-dd):