



**CITY OF BRANTFORD
HOUSING DEPARTMENT**

38 Darling Street, Suite 108
Brantford, Ontario N3T 6A8

Telephone (519)759-6100 Fax (519)759-1932

RENT VERIFICATION FORM

WOULD YOU PLEASE PROVIDE THE FOLLOWING INFORMATION FOR:

NAME:

ADDRESS OF RESIDENCE:

EFFECTIVE DATE OF TENANCY:

THE ABOVE PERSON IS: (Please check **one**)

| | | | |
|---------------------------------------------------------|------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> RENTING (FOOD NOT INCLUDED) | AMOUNT PAID PER MONTH: | | |
| | IS HYDRO INCLUDED: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | IS HEAT INCLUDED: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | TYPE OF HEAT: | GAS <input type="checkbox"/> | ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> |
| | NUMBER OF BEDROOMS: | BACHELOR <input type="checkbox"/> | 1 BED <input type="checkbox"/> 2 BED <input type="checkbox"/> 3 BED <input type="checkbox"/> 4 BED <input type="checkbox"/> 5 BED <input type="checkbox"/> |

| | | |
|---------------------------------------------------|--------------------------|-------|
| <input type="checkbox"/> BOARDING (FOOD INCLUDED) | AMOUNT IF PAID MONTHLY : | _____ |
| | - OR - | |
| | AMOUNT IF PAID WEEKLY: | _____ |

PLEASE LIST OTHER PEOPLE LIVING AT THIS HOME:

ADDITIONAL INFORMATION: _____

LANDLORD'S NAME:

LANDLORD'S ADDRESS:

LANDLORD'S PHONE NUMBER:

LANDLORD'S SIGNATURE

DATE