

In order to assess your eligibility to receive assistance, you are required to provide verification of shelter expenses. If you do not have a lease or mortgage documents, please have your landlord complete this form and return it to your caseworker _____

Tenant Information

Last Name _____ First Name _____

Property Information

This form is to verify shelter expenses for the purposes of Ontario Works eligibility, for the above named person. This is not an Agreement with the Region of Peel.

Address: _____

Period of Lease: _____ To _____ Date of Occupancy: _____

Type of Accommodation: Room House Apartment Room & Board

Is the above tenant's rental space a self-contained unit? Yes No

Rent Amount: \$ _____ monthly **OR** \$ _____ weekly

What percentage of the total cost is paid by the above tenant? _____ %

Total additional costs (if any): Parking \$ _____ Utilities \$ _____

First and last month's rent required? Yes No

Amount in dollars required by the Landlord to secure accommodations: \$ _____

Landlord Information

Name _____

Address _____

Contact No. _____

In relation to the above property, the landlord listed above is the:

Owner Property Manager Lessor Other, please explain: _____

Cheque Payable to: _____
(First Name) (Last Name)

Please list all individuals residing in the unit with the above tenant:

Adult	Children

Date _____ Signature of Landlord _____
(YYYY/MM/DD)

Date _____ Signature of Tenant _____
(YYYY/MM/DD)

Consent Information

I, _____ consent to the release of the above information for the purpose of verifying my eligibility for Ontario Works Assistance.

Date _____ Signature _____
(YYYY/MM/DD)

Notice with Respect To The Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the authority of the Ontario Works Act, 1997, c. 25. Sch. A, 21. 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. Questions about this collection should be directed to the Region of Peel, Human Services Department, Program and Business Support Unit, 10 Peel Centre Dr., Suite B, PO Box 2700 STN B, Brampton ON L6T 0E4, 905-793-9200.

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