

Verification of Shelter Expenses

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 _____
(YYYY/MM/DD)

Signature of Landlord

Date _____
(YYYY/MM/DD)

Signature of Tenant

Consent Information

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

Date _____
(YYYY/MM/DD)

Signature _____

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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