

## Landlord's Statement for Board or Travel Allowance Entitlement

Dear Landlord,

Based on where a trades-person who works on an OPG site lives and what type of accommodations he/she is renting or leasing, he/she may be entitled to receive payments for travel allowance or board allowance. Your co-operation in providing the following information will assist in determining the employee's eligibility for these allowances.

\_\_\_\_\_ (Employee name) has stated that he/she resides full-time at the following address that he/she rents/leases from you:

Address: \_\_\_\_\_  
\_\_\_\_\_

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### The following information is specific to the above named employee and above address only:

- Currently resides at the above address: ☐ YES ☐ NO
- Rents from (date) \_\_\_\_\_ to \_\_\_\_\_
- Rents the following accommodations:  
☐ ROOM ☐ HOUSE ☐ SELF-CONTAINED UNIT (incl. bathroom, bedroom, kitchen, and a separate entrance)
- Rents on the following basis: ☐ ANNUALLY ☐ MONTHLY ☐ WEEKLY
- Signed a lease with me: ☐ YES ☐ NO
- Is a relative ☐ YES ☐ NO
- Are ALL utility bills included in the monthly rent? (i.e., hydro, gas, oil, water, cable/satellite) ☐ YES ☐ NO
- Comments: \_\_\_\_\_

Landlord's Name (please print): \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
\_\_\_\_\_

Landlord's Phone Number: daytime: \_\_\_\_\_ evening : \_\_\_\_\_

Property Roll Number: \_\_\_\_\_

Landlord's Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby confirm that I am the owner or recognized agent of the above residence. I confirm that the information provided accurately reflects the living situation of the above tenant and I am available to provide further information if needed.

**Please note:** Failure to provide the above information may result in the applicant being denied board allowance or travel allowance. **Providing false information is considered fraud by Ontario Power Generation Inc. and may result in prosecution under the CRIMINAL CODE OF CANADA.**

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Employee Signature \_\_\_\_\_ Employee Number \_\_\_\_\_

Please note, if ALL utility bills are not included in the monthly rent you are required to attach one or more of the following bills to this form: hydro, gas, oil, water, cable/satellite. Failure to do so may result in the denial of board allowance or travel allowance.

OPG Representative: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*\*\* Please include Prime Contractor name and Subcontractor name (if applicable) when faxing \*\*\*