



Income Assistance

Case Number: _____

Form G – Rent Report

Applicant Information

| | |
|-------------------------|------------------------------|
| Last Name | First Name |
| Telephone | Date of Birth (YY/MM/DD) / / |
| Current Mailing Address | |
| Community | , NT Postal Code |

Rental Terms (To be completed by Owner or Property Manager)

| | | |
|--|---|--|
| Move in Date (YY/MM/DD) / / | Total Monthly Rent (charged for this residence) | |
| Actual Monthly Rent (to be paid by the applicant/renter) | | |
| Number of Adults Living in Unit | Number of Children Living in Unit | Number of Bedrooms |
| Type of Accommodation | | |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> House | <input type="checkbox"/> Public Housing Unit |
| <input type="checkbox"/> Sublet | <input type="checkbox"/> Room/Board | <input type="checkbox"/> Room for Rent |
| <input type="checkbox"/> Apartment | | |

Rental Charges/Utilities

| | | | | |
|--|-------------------------------|--------------------------------|--------------------------------|-------------------------------|
| Utilities Included in Rent | <input type="checkbox"/> Heat | <input type="checkbox"/> Water | <input type="checkbox"/> Power | <input type="checkbox"/> None |
| Is a Damage Deposit Required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ _____ | |
| Is this a Subsidized Unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Has applicant's Portion of Damage Deposit been paid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Management/Landlord Information and Authorization

| | | | |
|---|--------|--------------------------------|---|
| Please indicate whether you are the: | | <input type="checkbox"/> Owner | <input type="checkbox"/> Property Manager |
| Name of Agency: | | | |
| Address: | | | |
| Telephone: | Email: | | |
| Name of Authorized Agent: | | | |
| Authorized Agent's Signature | | Date (YY/MM/DD) / / | |
| If there are any changes within the lease agreement, please contact the Client Services Officer at: _____ | | | |
| Note: Must Attach Proof of Ownership (Examples: land title deed, land tax, mortgage documents, etc.) | | | |