



# Tenancy/Residency Confirmation Form

RE: Tenant Name  Phone Number:

Date of Birth (month,day,year)  Member ID:

Case Manager Name:  Date Issued (month,day,year)

**This letter is verification that the above named individual or individuals is or are:**

Select **one** from the choices below:

- Now renting with monthly rent payable of  Total
- Now paying room and board (including food) with monthly amount payable of  Total
- Accepted to rent with monthly rent payable of  Total
- Accepted to room and board with monthly amount payable of  Total

**Date Available** (month, day, year)

Pleased check one of the following services if the applicant or applicants is or are responsible for payment, in addition to rent:

- Utilities      HEAT:  Electric       Oil       Gas

**At the following address:**

Address:  Unit Number:

City:  Postal Code:

**The dwelling type is: (select one)**

- Room       Apartment       Townhouse
- Semi-Detached House       Detached House

**The number of persons who are, or will be, sharing this residence:**

Resident Name:

Resident Name:

Resident Name:

Resident Name:

**The Total Rent Payable for this address is?**

Is there a Lease Agreement for this address? Yes  No

Is payment of last month's rent required? Yes  No

Are you related to the tenant? Yes  No

Is this a subsidized housing unit? Yes  No

Landlord or Landlady's Full Name:

Address:

Phone Number:

Postal Code:

Landlord's or Landlady's Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

### Notice with Respect to the Collection of Personal Information

(Freedom of Information and Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act). This information is collected under the legal authority of the *Family Benefits Act, R.S.O. 1990, c.F.2 of the Ontario Works Act 1997, the Ministry of Health Act, Section 6 (2) and the Ontario Drug Benefit Act, 1990* The information will be used for the purpose of:

Administering the Ontario Government Social Assistance Program. For more information contact your nearest...

- (1) Ministry of Community & Social Services office, phone: (613) 545-4553.
- (2) City of Kingston/Ontario Works Programs, Housing and Social Services Department office, see address below or in Sharbot Lake, Ontario, phone: (613) 279-3151.

Please complete form in full, sign and deliver to:

Ontario Works, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695