



**THE DISTRICT OF THUNDER BAY**  
SOCIAL SERVICES ADMINISTRATION BOARD

**CLIENT SERVICES DIVISION**  
The District of Thunder Bay Social  
Services Administration Board  
(Also known as TBDSSAB)  
c/o 34 North Cumberland Street, 4<sup>th</sup> Floor  
Thunder Bay ON P7A 8B9  
Tel: 807-766-2111 / Fax: 807-344-4543

## **Intent to Dismiss Eviction Proceedings**

**\*\*Must be completed by the Landlord/Cooperative and signed by both Tenant/Member and the Landlord/Cooperative\*\***

**Date:** .....

**Name of Landlord/Cooperative:**.....

**Address:**.....

**City:**.....

**Re:** .....  
[applicant's name & address]

**Unit Type:**(circle one)    Apartment    Row/Townhouse    Single    Semi    Other

**Number of Bedrooms:**.....

The tenant/member intends to apply for financial assistance under the Provincial Rent Bank Program to pay the rental/occupancy charge arrears owing to me. This Program requires that he/she obtain and include with his/her application my confirmation in writing that I will cease to proceed with the eviction if he/she is deemed eligible for financial assistance and the arrears owing to me are paid.

I confirm below that once the sum of \$\_\_\_\_\_ is paid that all proceedings for eviction will terminate.

Agreed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Signature of Landlord/Cooperative or authorized representative:	Telephone:
Signature of Tenant/Member	Telephone:

Revised October 2011