



## Change of Address with Intent to Rent

Client Last Name	First Name	Caseworker
Current Address	Have you applied to Rent Geared to Income Housing? <input type="checkbox"/> Yes	Telephone # or Contact #

### Section A: New Address Information - To be completed by tenant

Address you are moving to:

(Unit #) (Street number & name) (City) (Province) (Postal Code)

Date you are moving: \_\_\_\_\_  
DD / MM / YYYY

Expenses (Indicate below all shelter expenses that you are required to pay)

Shelter Expense	Amount	For Office Use Only	
		Verified	
Mortgage			
Rent			
Heat			
Hydro			
Water			
Water Heater Rental			
Taxes			
Insurance			
Room & Board (shelter & food supplied)			

### Section B: Co-residents - To be completed by tenant

Will you be paying the total accommodation costs at this new address?  No  Yes

If no, please complete the following:

Name	Relationship to you	Reason (check one)		Gender	Amount Paid
		Roomer	Boarder		
		Roomer	Boarder		
		Roomer	Boarder		

Is any other person living and/or using this new address for any other reason?  No  Yes

If yes, please complete the following:

Name	Relationship to you	Reason (check one)	
		Living at address	Using address
		Living at address	Using address

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Section C: Intent to Rent - To be completed by landlord

I \_\_\_\_\_ agree to rent the accommodations listed below to the  
(Landlord's Name)  
 above named individual for the price of \$ \_\_\_\_\_/month beginning \_\_\_\_\_.  
(monthly cost) (Date accommodation available)

Landlord's Name	Landlord's Address
Landlord's Phone #	Landlord's Signature
Pay Direct Requested: <input type="checkbox"/> No <input type="checkbox"/> Yes    (Tenant to complete <b>Authorization for Pay Direct</b> below)	

**Please indicate all that apply:**

Room	Utilities Included	Last Month's Rent Required
Room & Board (with meals)	Utilities Not Included	Last Month's Rent Not Required
Apartment	Fuel Included	
House	Fuel Not Included	

## Section D: Authorization for Pay Direct – To be completed by tenant

- I, \_\_\_\_\_ authorize the TBDSSAB to pay  
(client name)  
 rent on my behalf, in its discretion, in the amount of \$ \_\_\_\_\_  
(monthly amount)  
 each month to \_\_\_\_\_ until TBDSSAB is notified by  
(Name of property owner)  
 me in writing that I am no longer residing at \_\_\_\_\_.  
(new address)
- This authorization shall be in effect for the period in which I am eligible to receive Ontario Works Benefits. The TBDSSAB may, in its discretion, suspend or discontinue payments hereunder at any time.
- I acknowledge and agree that:
  - The Ontario Works Act benefits paid directly to me will be reduced by the amount of the rent paid to the property owner or amount paid to my utility as set out by the Ontario Works accommodation schedule;
  - Where the Ontario Works accommodation allowance is less than my total rent or utility obligation set out in paragraph 1 above, I hereby authorize and direct the TBDSSAB to deduct the balance of rent or utility obligation from the basic allowance payable to me under the Ontario Works Act and to forward the funds to my landlord or utility on my behalf;
  - I will immediately report any change in my benefit unit, occupancy and/or rent/utility costs to the TBDSSAB;
  - This Authorization does not affect in any way, my responsibilities or obligation as a tenant as set out in the Tenant Protection Act 1997, or otherwise;
  - This authorization does not make TBDSSAB responsible for my rent or utilities or for ensuring the payment of rent/utility on a timely basis; for any other obligations under tenancy; for the provision of accommodation; for making any deduction from rent/utility on account of any credit to which I may be entitled; or for making any inquires with respect to the status of the rent/utility account or any other issue relation to the tenancy; and
  - I authorize TBDSSAB to collect, utilize and release such personal information as it may require to administer this authorization and to determine and pay the assistance to which I am entitled in respect of my said tenancy.
  - If my entitlement from OW drops to less than the amount owing for rent/utilities, I understand that I am responsible to pay my rent/utility directly to my landlord/utility.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness (Ontario Works staff Only)

\_\_\_\_\_  
 Signature of Client (for Pay Direct only)