THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

Authorization for Pay Direct

1. I, _____ authorize the TBDSSAB to pay

   rent/hydro/heat/water on my behalf, in its discretion, in the amount of $_____
   Amount

   each month to _____ until TBDSSAB is notified by
   Name of property owner/utility

   me <u>in writing</u> that I am no longer residing at _____
   Address

2. 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.

3. I acknowledge and agree that:

   a. The <u>Ontario Works Act</u> 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;

   b. 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 <u>Ontario Works Act</u> and to forward the funds to my landlord or utility on my behalf;

   c. I will immediately report any change in my benefit unit, occupancy and/or rent/utility costs to the TBDSSAB;

   d. This Authorization does not affect in any way, my responsibilities or obligation as a tenant as set out in the <u>Tenant Protection Act 1997</u>, or otherwise;

   e. 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

   f. 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.

   g. 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