

**Accommodation Verification Form**

 ***This form must be fully completed in order for the changes to be processed****.*

Please print

|  |  |  |
| --- | --- | --- |
| Name: | Member ID:  | SIN #:  |
| Date of Birth: | Caseworker: [T](https://intra.sams.css.gov.on.ca/Curam/en/MCSSPerson_viewCasesSummaryPage.do?o3ctx=4096&concernRoleID=345164691&o3nocache=1594395373623_5) |
| New Street Address:  | Box Number (if applicable): |
| Apartment #: | Postal Code: |
| City/Town :  | Telephone #:  |

|  |  |
| --- | --- |
| Landlord’s Name:  | Telephone #:  |
| Landlord’s Address:  |
| City/Town: | Postal Code: |
|  |
| **Accommodation Type** (check one)

|  |
| --- |
|  **Rent**  |
| **Shared Rent** – if you are sharing accommodations (splitting rent) with another person(s) you must submit a COPY of the main leaseholder/primary tenants lease or rent receipt to verify total accommodation costs |
|  **Room and Board** (food/meals included) |

  **Move in date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount being charged \_\_\_\_\_\_\_\_\_\_\_ Monthly Weekly** |
| Is hydro included in the rent?  | No  | Yes  |  |
| Is heat included in the rent? | No  | Yes  |  |
| If heat is NOT included, how is it heated? |  |
| Does anyone else reside in the unit? | No  | Yes  |  |
| Provide names of other people residing in the unit? |  |
| **Is last month’s rent required?** | No  | Yes  |  |
| **Tenant’s Signature:** |  |  | **Date:** |  |  |  |
| **Landlord’s Signature** |  |  | **Date:** |  |  |  |

***\*Please submit a rent receipt to your caseworker within 30 days***

*Revised May 2022*