

**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*