

Serving the community in the areas of public health, social services, children's services, housing and long-term care. www.hnhss.ca

RENTAL INFORMATION REQUEST FORM

Renter/Applicant Name (Please print)
New Address of Property Rented (Please include town, postal code, & 911 # if applicable)
New Telephone Number (if known):
Rental Information (please check all that apply and fill in the blanks that apply):
Type of Accommodation: House Apartment Apartment (self-contained) Apartment (shared kitchen and/or bathroom)
☐ Mobile Home ☐ Room Only ☐ Room & Board (food not included) (food included)
What Utilities Are Included? Electric/Water Gas/Oil/Propane Other
What Appliances Are Included?
Name of Occupants: (List all people living at Address & relationship to renter/applicant
Number of bedrooms in unit If rent is shared, indicate the amount each person pays: \$
Total Rent: \$ Last Month's Rent Required: \$ Move in Date:
Please complete back of pag
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Are you the property owner of the re	ental unit? Yes No
If no, please provide the following in	formation about the actual property owner:
Name of owner:	Owner's Phone #
Owner's Address:	
	, have agreed to rent the above indicated address
(name of property owner or person	collecting rent), for the amount and occupancy date listed above.
(name of applicant (please print)	, for the amount and occupancy date listed above.
Are you the property owner/person o	collecting rent related to the tenant? Yes No
ignature of owner/person collecting rent: Date:	
Address and phone # of person collection	cting rent:
I make this Solemn Declaration cons effect as if made under oath by virtu	cientiously, believing it to be true and knowing that it has the same force and ue of Canada Evidence Act.
Clients Signature:	Date: