



# Ontario Works Intent to Rent

To be completed by a potential landlord – Please Print

Tenant Details	Name:	Email: Contact number:
Address	Street number and name:	Apt/Unit #:
	City/Town:	Postal Code:
Accommodation Details	Move in Date:	
	Rent Amount: (responsible to purchase and prepare your own food)	Hydro Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Room and Board Amount: (meals are provided)	Heat Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Month's Rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Landlord Details (Person with authority to act on behalf of the property owner)	Landlord/ Property Manager Name:	
	Landlord Address:	
	Contact number:	
	Email Address:	
	Is the Landlord named above the owner of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the Landlord named above your parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Landlord/Property Manager Signature :	
Payment Options	Accommodation to be paid directly to the above named landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____	_____
	Landlord initials	Tenant Initials
Tenant Declaration	To be completed by Tenant:	
	Is there anyone else living at the intended address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please list the names: _____	
	_____	
	I declare that the information above is accurate, complete and a true reflection of my accommodation cost.	
	_____	_____
	Signature	Date

Revised April 2020



## Authorization for Pay Direct

1. I, \_\_\_\_\_ authorize the DNSSAB to pay  
rent/hydro/heat/water on my behalf, in its discretion, in the amount of \$ \_\_\_\_\_  
Amount  
each month to \_\_\_\_\_ until DNSSAB is notified by  
Name of property owner/utility  
me in writing 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 DNSSAB may, in its discretion, suspend or discontinue payments hereunder at any time.
3. 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 DNSSAB 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 DNSSAB;
  - 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 DNSSAB 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 DNSSAB 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