

NFN Ontario Works - INTENT TO RENT



HOUSING INFORMATION – To Be Filled Out by Landlord

Tenant Name:		Move in Date:	
Address:		Type of Rental:	<input type="checkbox"/> Room & Board (Meals Provided)
			<input type="checkbox"/> Apartment
			<input type="checkbox"/> House
Monthly Rent:			<input type="checkbox"/> Room - Shared Residence
Security Deposit:		___ # of Adults	
Last Month's Deposit:		Relation to Landlord:	
Appliances Included:	<input type="checkbox"/> Fridge <input type="checkbox"/> Stove <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	Utilities Included:	<input type="checkbox"/> Heat <input type="checkbox"/> Hydro

LANDLORD INFORMATION

Landlord Name:		Phone:	
Address:		Cell:	
		Email:	
		Direct Rent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner of Property:		Banking Info:	

Landlord Signature:		Date:	
Tenant Signature:		Date:	

The Intent to Rent form is for verification of rental information only.

For Office Use Only:

Client ID:		Date Received:	
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Revised February 1, 2021