



Rent Supplement Landlord Application Form

To be completed by the owner or managing agent

Owner

Name _____

Address _____

Telephone number _____ Email address _____

Cheques payable to _____

Managing Agent

Name _____

Address _____

Telephone number _____ Email address _____

Building Location

Address _____

Municipality _____ Postal Code _____

Building Information

Contact Person for Building Inspection _____

Telephone number _____ Email address _____

Unit Information

Unit Size	Floor area (m ²)	Number of regular units	Number of modified units	Monthly rent
Bachelor/studio				
1 bedroom				
2 bedroom				
3 bedroom				
4 bedroom				

- | | | |
|--|--|--|
| <input type="checkbox"/> Single/Detached | <input type="checkbox"/> Semi-detached | <input type="checkbox"/> Apartment (elevator) |
| <input type="checkbox"/> Apartment (walk-up) | <input type="checkbox"/> Row Housing | <input type="checkbox"/> Row Housing (stacked) |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Triplex | <input type="checkbox"/> Non self-contained |

Number of Stories _____ Year Built _____ Total Number of Units in Building _____

Utilities and Amenities

Utility or amenity	Included	Not included	Additional charge
Heating (specify type):			
Hot Water			
Water			
Hydro			
Refrigerator			
Stove			
Washer/Dryer			
Cable or Satellite			
Internet			
Indoor parking			
Outdoor parking			
Other (specify):			

Declaration

I hereby certify that the above information is correct and the rents are in accordance with the Residential Tenancies Act, 2006. I also certify that the building is in compliance with the applicable Building Code and Fire Code requirements.

Authorized signature _____ Date _____

Name _____ Title _____