

NIPISSING FIRST NATION

ONTARIO WORKS

Intent to Rent

DATE: _____

To be completed by Landlord or Landlady:

This confirms _____
(Name of tenant)

Is renting at _____
*Shelter

Board & Lodging at _____
*Supplies food/shelter

Co-Residing at _____

OF ADULTS _____

Move in date: _____

Rent per month \$ _____.

First and Last months rent required? YES / NO

Do you require rent to be paid direct? YES / NO

All utilities inclusive: YES / NO If no, approx. per month _____

Print name of Landlord/Landlady: _____

Address: _____

Phone #: _____ Cell #: _____

Landlord/landlady Signature: _____

Tenant Signature: _____