



COMMUNITY HOMELESSNESS PREVENTION INITIATIVE (CHPI)

Rent Verification Form

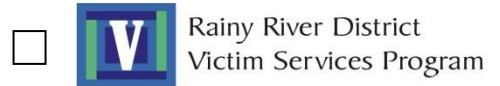
INSTRUCTIONS: Complete all sections in ink and forward to the appropriate agency as checked off below. If you require help, please phone the appropriate number listed below:



516 Portage Avenue
Fort Frances, ON
(P): (807)274-8541
(F): (807) 274-4110



450 Scott Street
Fort Frances, ON
(P): (807)-274-5349
(F): (807)-274-0678



Rawn Road Centre
Atikokan, ON
(P): (807)597-1431
(F): (807)597-1493

334 Scott Street
Fort Frances, ON
(P): (807) 274-5687
(F): (807) 274-5690

1. This will confirm that I, _____ (*name of property owner*), am the landlord of _____ (*name of tenant/tenants*), who has rented a HOUSE / ROOM / APARTMENT (*select one*), of which I am the property owner, located at _____ (*tenant address*).
2. We have agreed that the monthly rent will be \$ _____ on the date of _____ (*date lease signed or tenancy agreement between landlord & tenant*).
3. This unit has _____ rooms and will be occupied by _____ number of people.

Contact information of property owner

Mailing Address: _____ Telephone Number: _____

Signature of Owner

Date