



Hamilton

City of Hamilton
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LANDLORD INFORMATION REQUEST

Section One – Tenant to Complete

Date:
Case Manager Case Org
Tenants Name Member ID
Are you related to the Landlord? YES NO If yes, how?

I, the above-named, authorize the Landlord to provide this information to the City of Hamilton.
I declare that; I am currently Residing at the address below. I intend on moving to the address below.

Tenant Signature Date

Section Two – LANDLORD, please provide the following information to the City of Hamilton

New Tenant Current Tenant Move in Date
Street Address Unit # City
Postal Code Phone #
Monthly Rent Is a Rent Deposit Required? YES NO

The Tenant is renting a: Room Self Contained Apartment Townhouse House

The Tenant is Responsible to pay for: Hydro Electric Heat Gas Oil Water

Is Food Included In the Rent? YES NO

Does anyone else live with the Tenant? YES NO How Many People?

Landlord Name (print) Phone #

Landlord Address

Landlord Signature Date

Si vous désirez traduire ce document en français s'il vous plaît contacter extension 3151, Soutien d'affaires.

Notice with Respect to the Collection of Personal Information (Freedom of Information and Protection of Privacy Act) (Municipal Freedom of Information and Protection of Privacy Act) This information is collected under the legal authority of the Family Benefits Act, R.S.O.1990.c. F.2, the Ontario Disability Support Program Act, 197 or the Ontario Works Act, 1997, for the purpose of administering the Ontario Government social assistance programs. For more information about your privacy, contact your nearest Municipal or Ministry of Community and Social Services office