



Hamilton

City of Hamilton
Healthy and Safe Communities Department
Ontario Works
General Inquiries Phone: 905-546-4800
Toll-Free: 1-855-999-8729
www.hamilton.ca/ontarioworks
Toll-Free: 1-855-999-8729

250 Main St. East, Hamilton, ON L8N 1H6
1550 Upper James Unit 14A, Hamilton, ON L9B 2L6
350 King St. East, Unit 110, Hamilton, ON L8N 3Y3

Fax: 905-546-2877
Fax: 905-546-1018
Fax: 905-546-3401

Member I.D.	Applicant Name	Case Manager
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Authorization to Pay Rent Directly to Landlord

1. I, _____, give my permission to the Healthy and Safe Communities Department (of the City of Hamilton), to pay rent on my behalf in the amount of \$ _____ each month so long as I reside at:

directly to the following landlord: _____ (Address)

Landlord's Name:

Landlord's Phone #:

Landlord's Full Address to where monthly rent payment will be directed:

Landlord's Email Address:

2. This authorization shall be in effect for the following period as long as I am eligible to receive financial assistance under the Ontario Works Act, 1997 within this time period, or until I withdraw my authorization in writing:

Start Date:

End Date:

3. I acknowledge and agree to the following:

- i. I will tell my case manager immediately if there are any changes to my address, the amount I need to pay for rent, or if my other housing costs change.
- ii. The financial assistance for which I am eligible, and which will be paid directly to me, will be reduced by the amount of the rent to be paid.
- iii. This authorization does not affect, in any way, my responsibilities or obligations as a tenant as set out in the *Commercial Tenancies Act* and the *Residential Tenancies Act*, 2006.
- iv. This authorization does not make the Healthy and Safe Communities Department (of the City of Hamilton) responsible or liable for any financial obligations or for the provision of accommodation.
- v. For each month where the amount of my rent is greater than the amount of my Ontario Works financial assistance, I understand I will be responsible to pay my rent directly to the Landlord.
- vi. I will need to request direct payment again if my Landlord changes.

I have read or had read to me and understand this authorization set out above.

Applicant Signature:

Date:

Consent to Discuss Direct Payment of Rent with the Landlord

1. I consent to an authorized representative of an Ontario Works delivery agent disclosing and collecting information limited to my direct payment of rent with the above landlord for as long as this authorization to pay rent on my behalf is in effect.

I have read or had read to me and understand the consent set out above.

Applicant Signature:

Date:

Witnessed by:

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 concerns contact the Supervisor of Business Supports
for Ontario Works in the City of Hamilton at 905-546-2424 ext. 3151.