

This information is being collected and used only for the sole use of the RAB Program.

<p><u>Yes / No</u></p> <p><i>Circle One</i></p>	<p>I give permission to the Brazeau Seniors Foundation to contact my landlord to confirm the occupancy of the premises I am renting.</p> <p>_____</p> <p>Tenant Signature</p>
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The rest of this form is to be filled out by the Landlord. When completed, please mail or fax to the attention of the Finance Administrator at the above address/fax number or return to the Tenant for them to submit to the Brazeau Seniors Foundation.

Landlord Name _____

Landlord Phone Number _____

Landlord Fax Number _____

Address of Rental Property _____

Amount of Rent \$ _____

Of Bedrooms _____ Describe dwelling e.g. apartment, house, trailer _____

Tenant #1 _____

Tenant #2 _____

Tenant #3 _____

Tenant #4 _____

Of Children under the age of 18 _____

Landlord Signature

Date

