



119 Van Order Drive, Kingston, ON K7M 1B9 ☎ Fax (613) 546-9375 ☎ Phone (613) 546-5591 [www.kfhc.ca](http://www.kfhc.ca)

## TENANT REQUEST FOR PAY DIRECT

### Ontario Disability Support Plan

I, \_\_\_\_\_, of \_\_\_\_\_  
*Full Name* *City* *Province*  
request that my monthly rent payment to Kingston & Frontenac Housing Corporation,  
currently in the amount of \$ \_\_\_\_\_, be paid directly from my Ontario  
Disability Support Benefits, Shelter Allowance, from my cheque for period covered  
\_\_\_\_\_ to \_\_\_\_\_, to be applied to the  
*Year yyyy* *Year yyyy*  
month of \_\_\_\_\_ for rent.

**(Note**, that rent is due on the 1<sup>st</sup> of the month, therefore, it is necessary that the rent deduction from the Disability Benefits cheque be made for the period covered in the preceding month which is received at the end of that month).

K.F.H.C. Account # \_\_\_\_\_ District # EB00104

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Kingston & Frontenac Housing Corporation  
Representative

Date \_\_\_\_\_

*Day, Month, Year*