

City of Kingston and Frontenac County
Rent Verification and Voluntary Rent Pay Direct Authorization
For Ontario Works Recipients

Consent: I, _____, give my consent to **Kingston & Frontenac Housing Corporation**
(Name of Head of Household) (Name of Housing Provider)
to disclose my rent and address to my Ontario Works Case Manager _____.
(Name of Case Manager)

Signature of Head of Household: _____

Rent Verification – to be completed by Housing Provider

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| Name of Lease Holder (please print clearly) | | |
| Last Name | First Name | Date of Birth |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| Beneficiaries Final Rent or Housing Charge(OW) | | Total Number of Occupants |
| Utilities Paid by: Housing Provider <input type="checkbox"/> Tenant/Member <input type="checkbox"/> Other Household Member <input type="checkbox"/> | | Effective date of Rent or Housing Charge |
| Authorized Signature (Employee of Housing Provider) | Housing Provider Name | Date: DD/MM/YYYY |
| Employee Name (Print) | Kingston & Frontenac Housing Corp. Phone Number Ext. # (613) 546-5591 | |

Ontario Works Recipient Authorization for Voluntary Rent Pay-Direct

Note: Once this authorization is signed the Ontario Works recipient must contact their Ontario Works Case Manager to confirm that they meet the criteria for rent pay-direct.

1. I, _____ (Print name) authorize the City of Kingston, Ontario Works (OW) to pay rent/housing charge on my behalf in the amount of \$ _____, each month directly to **Kingston & Frontenac Housing Corporation** (Housing Provider) as long as I am residing at _____ Street
City _____ Province _____ (address), effective date _____.

2. This authorization shall be in effect as long as I am residing at the above address, remain eligible for Ontario Works and volunteer to have my rent/housing charge paid directly to the above mentioned Housing Provider.

3. I acknowledge and agree to the following:

- a) The Ontario Works (OW) payments for which I am eligible and which will be paid directly to me will be reduced by the amount of the rent/housing charge to be paid;
- b) This authorization does not affect, in any way, my responsibilities or obligations as a tenant or member, as set out in the Residential Tenancies Act, 2006 or the Co-operative Corporations Act;
- c) This authorization does not make the City of Kingston, Ontario Works (OW) Office, responsible or liable for any financial obligations of mine or for the provision of accommodation to me;

4. I understand that this request can be revoked by me upon 60 days prior written notice in advance to the City of Kingston, Ontario Works (OW) Office.

Dated at the City of Kingston, In the County of Frontenac on this _____ day of _____, _____

Signature of Ontario Works Head of Household (on benefit cheque)

Notice with Respect to the Collection of Personal Information

Personal information contained in this form or in attachments is collected by Ontario Works and **Kingston & Frontenac Housing Corporation**
(Name of Housing Provider)
pursuant to the Housing Services Act, 2011 and the Family Benefits Act, R.S.O. 1990, c.F.2, or the Ontario Disability Support Program Act, 1997 or the Ontario Works Act, 1997 and Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56) and will be used to determine rent-geared-to-income amount payable for a housing project operated in the service area of the City of Kingston and Frontenac County..

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| Housing Provider: Kingston & Frontenac Housing Corporation | Questions about this collection should be directed to: |
| Street Address: 119 Van Order Drive | City of Kingston Community and Family Services Department |
| City: Kingston, ON K7M 8S8 | Ontario Works Programs 362 Montreal Street, 2 nd Floor Kingston, ON K7K 3H5 |
| Phone Number: (613) 546-5591 (613) 546-9375 (fax) | (613) 546-2695 |