



INCOME SECURITY PROGRAMS FORM G – RENT REPORT

This section must be filled in PRIOR to the form being completed by the Owner/Property Manager

Applicant Information	Co-Applicant Information	
First Name:	First Name:	
Last Name:	Last Name:	
Telephone:	Telephone:	
Street Address:	Community:	Postal Code:

Are you receiving Canada-NWT Housing Benefit?* Yes No If yes, how much are you receiving each month? \$ _____

*Can be completed after landlord section is filled out.

REMAINING SECTIONS TO BE COMPLETED BY LANDLORD OR PROPERTY MANAGER

Rental Terms

Move in Date (YY/MM/DD): _____	Monthly Rent Amount: \$ _____	Signed Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Accommodation: <input type="checkbox"/> House/Townhouse/Apartment/Suite <input type="checkbox"/> Room Rental <input type="checkbox"/> Public/Low-cost Housing <input type="checkbox"/> Room and Board		
Has a Damage Deposit been paid on the Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how much is the Damage Deposit Owing? \$ _____		
Is a portion of rent covered by the Canada-NWT Housing Benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much do you receive? \$ _____		
Utilities Included in Rent: <input type="checkbox"/> Heat <input type="checkbox"/> Water <input type="checkbox"/> Power <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage <input type="checkbox"/> None		
Number of Adults Living in the Unit:	Number of Children Living in the Unit:	Number of Bedrooms:

Landlord/Property Management Information and Authorization

Must attach proof of ownership (examples: land title deed, land tax, mortgage documents, etc.)

Name of Landlord/Agency:	Please indicate whether you are the: <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Property Manager	
Address:	Telephone:	Email:
X Landlord/Agent Signature		Date (YY/MM/DD)

Note: This form is used to determine an applicant's eligibility. Any responsibility for payment of rent and/or damage deposit remains that of the tenant.

This information is being collected under the authority of the Access to *Information and Protection of Privacy (ATIPP) Act*, section 40.(a), 40.(c)(i) and 41.(1)(g) and the *Northwest Territories Social Assistance Act* and *Income Assistance Regulations*. The privacy provisions of the ATIPP Act protect information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner.

If you have any questions about the collection of information, contact the Program Specialist at the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.