



Income Assistance

Case Number: _____

Form G – Rent Report

Applicant Information

Last Name	First Name
Telephone	Date of Birth (YY/MM/DD) / /
Current Residential Address	Community , NT Postal Code
New Residential Address	Community , NT Postal Code

Rental Terms (To be completed by Owner or Property Manager)

Move in Date (YY/MM/DD) / /	Total Monthly Rent (charged for this residence)		
Actual Monthly Rent (to be paid by the applicant/renter)			
Number of Adults Living in Unit	Number of Children Living in Unit	Number of Bedrooms	
Type of Accommodation			
<input type="checkbox"/> Townhouse	<input type="checkbox"/> House	<input type="checkbox"/> Public Housing Unit	<input type="checkbox"/> Apartment
<input type="checkbox"/> Sublet	<input type="checkbox"/> Room/Board	<input type="checkbox"/> Room for Rent	

Rental Charges/Utilities

Utilities Included in Rent	<input type="checkbox"/> Heat	<input type="checkbox"/> Water	<input type="checkbox"/> Power	<input type="checkbox"/> None
Is a Damage Deposit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____	
Is this a Subsidized Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has applicant's Portion of Damage Deposit been paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Management/Landlord Information and Authorization

Please indicate whether you are the:	<input type="checkbox"/> Owner	<input type="checkbox"/> Property Manager
Name of Agency:		
Address:		
Telephone:	Email:	
Name of Authorized Agent:		
Authorized Agent's Signature	Date (YY/MM/DD) / /	
If there are any changes within the lease agreement, please contact the Client Services Officer at: _____		

Note: Must Attach Proof of Ownership (Examples: land title deed, land tax, mortgage documents, etc.)