## Hamilton Housing Help Centre

Housing Stability
119 Main St E Hamilton, Ont. L8N 3Z3 Tel. (905) 526- 8100 Fax (905) 393-8182

## **LANDLORD FORM**

Applicant's Name:		
New Address:		
Date Available:	Rent Amount: \$ Payable: (Circle one) w	 reekly monthly
Is last month's rent required? (Circle one)	Yes No	
If yes, will the landlord accept mont	hly part payments of: \$	
Does the tenant pay for: (Please circle)  1. Heat: Yes No  2. Hydro: Yes No		
<u>Landlord Information</u> <b>To be filled in by</b> ('Landlord" cannot be someone who is <b>Landlord is who the Rent cheques are n</b>	renting the property him/hei	rself)
Landlord's Name:		
Landlord's Full Mailing Address:		
Landlord's Phone Number:		
Are you related to tenant? Circle one:		YES NO
Do you own this property tenant is renting? Circle one:		YES NO
Does the tenant share facilities with you or your immediate family?		YES NO
<u>AG</u>	REEMENT TO RENT	
, agree to rent the above		nt the above
(Landlord's name please	print)	
address to(Tenant's na	ame please print)	
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 Landlord's signature	Date	