

Social Services

199 Larch Street, 9th Floor Sudbury, ON P3A 5W5 Telephone: (705) 675-2411

Fax: (705-673-0813

INTENT TO RENT

Name of Prospective Tenant	z(s)	
Address of Rental Unit		
Unit# City		Postal Code
Is the Landlord related to te	nant? (ie parent, sibling, ex-spouse	e) Yes No
This Rental Unit is a:	Meals are included and the monthly Room and Board fee is \$	Included in the unit:
House		Fridge: YesNo
Self Contained Apt	Total Monthly Rent is	Stove: YesNo
Room	\$	Washer: Yes No
Number of Adults sharing this unit:	This includes: Heat: YesNo	Dryer: YesNo
Names of Co-residents:	Hydro: YesNo	Is there a hook up for a
	Last month's rent deposit required?	washer/dryer?
	Yes No\$	Yes No
	Move in date	
Landlord's Name		Phone #
Landlord's Address		
Landlord's signature		Date
Tenant's Signature		Date

Disclaimer:

Please be advise that this "Intent to Rent" form does not constitute a contractual agreement of any kind between the landlord and the City of Greater Sudbury Ontario Works. The Intent to Rent form is for verification of rental information only.