

Alternative Housing or Market Rent Tenant Provider Authorization

Section 1: Housing Provider Information

Housing Provider Name	
Housing Provider Address (Street Number, Street Name, Suite/Unit Number, City, Province, Postal Code)	
Housing Provider Contact (First Name, Last Name)	
Housing Provider Telephone Number	Housing Provider Email

Section 2: Main Applicant Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Main Applicant's Address the same as above? If No, provide Main Applicant's contact information below.
Main Applicant (First Name, Last Name)	TAWL Application Number (if applicable):
Main Applicant Address (Development Name, Street Number, Street Name, City, Province, Postal Code)	
Main Applicant Suite/Unit Number	Main Applicant Telephone Number

Section 3: Tenancy Information - A copy of original lease must be included with this form

Select the type of tenancy that applies:	<input type="checkbox"/> Market Rent Tenant <input type="checkbox"/> Alternative Housing Tenant	
Number of Household Members	Current Unit Size	Original Move-in Date (yyyy-mm-dd)
List any Modifications to current unit		

Housing Provider Authorization

Signature	Date (yyyy-mm-dd)
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Return to
 Access to Housing
 176 Elm Street
 Toronto ON
 M4T 3M5