

Authorization

# Alternative Housing Tenant Provider Authorization

## Section 1: Housing Provider Information

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| --- |
| 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

|  |  |
| --- | --- |
| [ ]  Yes [ ]  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

|  |  |  |
| --- | --- | --- |
| 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) |

#### Return to Access to Housing

176 Elm Street
Toronto ON

M4T 3M5