

Authorization

# Alternative Housing 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

|  |  |  |
| --- | --- | --- |
| 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