

TO BE COMPLETED BY LANDLORD RENT REPORT

Renter's Information:

Renter(s) Name(s): _____

Residential Address: _____
Complete Street Address Including Suite Number (if applicable)

City/Town/Municipality

Postal Code

Monthly Rent: \$ _____

Additional Fees (*if applicable*) \$ _____

Monthly Rent Incentive (*if applicable*) \$ _____

Total monthly payment: \$ _____

Number of bedrooms in unit: _____

Utilities Included in monthly rent: Heat Power Water NONE

Is there rent owing? YES NO

If yes: amount and for what period of time? _____

Landlord Information:

Name/Property Manager _____

Address: _____

Phone Number: _____ Email: _____

Signature _____ Date: _____

The information on this form is collected under the authority of the Alberta Housing Act and is in accordance with Alberta's Freedom on Information and Protection of Privacy Act. This information will be used to determine and verify the client's eligibility under Social Housing Accommodation Regulations. If you have any questions, you make contact the FOIP Co-ordinator at Lethbridge Housing Authority's Business Office: 314 – 3rd Street South, Lethbridge, AB, T1J 1Y9 (403) 329-0556