



DISTRICT OF COCHRANE SOCIAL SERVICES ADMINISTRATION BOARD
LE CONSEIL D'ADMINISTRATION DES SERVICES SOCIAUX DU DISTRICT
DE COCHRANE

Intent to Rent

I _____ intend to rent an apartment to
_____.

The address of the apartment is _____.
(address of apartment & unit #)

The rental cost is \$ _____ per month.

Please specify if any other tenant(s) will be sharing the apartment

name of other tenant(s)

Are you and the renter related? Yes or No. If yes, please specify: _____

Expected date of move is _____.

Heat: Included or Must be paid by tenant

Hydro: Included or Must be paid by tenant

Last month's rent is required **PLEASE COMPLETE AN OW DISCRETIONARY FORM AS WELL**

Last month's rent is NOT required

Signature: _____
(signature of landlord)

Landlord Address _____

Landlord's Telephone Number _____

Note: Should tenant be moving after the start of the month please specify the pro-rated amount of rent for the first month