



DISTRICT OF COCHRANE SOCIAL SERVICES ADMINISTRATION BOARD

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

Intent to Room and Board

I _____ intend to provide room and board

(food and lodging) to _____.

The address of the unit is _____.
(address or home or apartment)

The room and board cost is _____ per month.

Expected date of move is _____.

Signature: _____
(signature of person providing room and board)

Address: _____

Telephone Number: _____

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