

Rent Assistance Agreement Reconciliation Form

Community and Health Services Department Housing and Long Term Care Branch

Instructions:

- 1) Fill out the chart below: identify the unit number receiving Regional Rent Assistance
- 2) Ensure each unit captures the full 12 month period, including vacancy loss and turnover
- 3) Add additional lines if needed to capture vacancy losses and turnovers

Corporation Name:	
Agreement Date:	
Length of Agreement:	Financial Year Ending:

		Unit Size	#OW or	Total household	Insurance	Market	Tenant's	Rent	Number	Total Assistance
Unit		eg. 1B,			deduction		Contribution		of	Required
Number	Tenant Name	2B	Benefits		(Yes/No)	\$	\$	\$	Months	\$

Unit Number	Tenant Name	Unit Size eg. 1B, 2B	Total household income from Line 150	Market Rent \$	Tenant's Contribution \$	Rent Assistance \$	Number of Months	Total Assistance Required \$

Unit Number	Tenant Name	Unit Size eg. 1B, 2B	#OW or ODSP Benefits	Total household income from Line 150	Insurance deduction (Yes/No)	Market Rent \$	Tenant's Contribution \$	Rent Assistance \$	Number of Months	Total Assistance Required \$
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										_
				_						
										_
										
								Total		0