

To be completed at the beginning of every new occupancy and on or before November 1 of every year thereafter

Date \_\_\_\_\_ File number \_\_\_\_\_  
Office use

Property address \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal description Lot \_\_\_\_\_ or Condo unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_  
(if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian 4

Occupant name(s) \_\_\_\_\_

Occupant mailing address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number \_\_\_\_\_

Date of occupancy \_\_\_\_\_

Length of lease \_\_\_\_\_

I/we hereby confirm that I/we are the occupant(s) of this unit and my/our monthly rent is/will be \$ \_\_\_\_\_.

Additional costs to the occupant:

	Included in rent	Additional costs (\$)
heat	<input type="checkbox"/> yes <input type="checkbox"/> no ▶	\$ _____
electricity	<input type="checkbox"/> yes <input type="checkbox"/> no ▶	\$ _____
water	<input type="checkbox"/> yes <input type="checkbox"/> no ▶	\$ _____

other ▶ \_\_\_\_\_ Included in rent?  yes  no ▶ \$ \_\_\_\_\_

**Please note: The total monthly cost to the occupant (including rent, heat, electricity, water) must NOT exceed the identified affordable rental rate.**

I/we hereby certify and declare that all of the information contained on this form is true and complete in every aspect.

\_\_\_\_\_  
Name (print) Signature Date

\_\_\_\_\_  
Name (print) Signature Date

**Collection and use of personal information**

Personal information is collected in accordance with section 3 of the *Municipal Government Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is protected by FOIP. It will be used to determine qualifications for secondary suite grant submissions. Any non-personal information shared may be used for statistical purposes only. If you have any questions about the collection and use of the information, contact the Senior Advisor - Strategic Initiatives 780-464-8089.