

Employment and Income Assistance

**EXCESS RENT FORM**

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

Name: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This will serve as authorization to pay full rent directly to the landlord for the address of:

\_\_\_\_\_.

My monthly rent is higher than the amount the Department allows me, but I request that total rent of \$ \_\_\_\_\_ be paid directly to my landlord effective \_\_\_\_\_.

This procedure has been explained to me and I understand that every month my Employment and Income Assistance basic needs will be reduced by \$ \_\_\_\_\_ to pay my full rent.

I am aware that it is my responsibility to notify the landlord/agency and give proper notice if I decide to move. I must also let my Employment and Income Assistance Counsellor/Coordinator know of any changes in my circumstances.

\_\_\_\_\_  
Signature