



LANDLORD REQUEST RENT ARREARS UNDER
COMMUNITY HOMELESSNESS PREVENTION INITIATIVES
(CHPI)

To be completed by the property owner and forwarded to the attention of

Discretionary Benefits
County of Middlesex Social Service Department
399 Ridout Street North
London, ON N6A 2P1
Fax: (519) 434 - 9050

PLEASE PRINT

Renter/Applicant Information

Property Owner Information

Full Name:
Address of Property Rented:

Full Name:
Address:
Telephone: Fax:
Best Time to be Reached During the Day:

Rental Information:

(Check all that apply and fill in the blanks that apply)

Type of Accommodation: House, Apartment, Co-op Unit, Room & Board, Room Only
What Utilities are Included? Electric/Water, Gas/Oil/Propane, Other
Number of Occupants:
Name of Individuals on Lease:
Monthly Rent: \$
Total Arrears: \$
Arrears Period: From To

I, [Name of Property Owner] am owed arrears for non-payment of rent by [Name of Applicant]

for the amount listed above, and have given the client written notice to terminate His/her tenancy.

I am prepared to withdraw notice to terminate tenancy for non-payment of rent if payment for a maximum of up to two months rent as per the guidelines is paid directly to me as the property owner.