



Community and Social Services Division
Authorization to Make Direct Payment

Ontario Works Reference No: _____

Caseload: _____

Rent Pay Direct:

1. I _____, authorize the United Counties of Leeds and Grenville to pay rent on my behalf in the amount of \$_____ each month, directly to _____ so long as I am residing at:

Landlord

Address

- 2. This authorization shall be in effect for the period in which I am eligible to receive financial assistance under the Ontario Works Act, 1997.
3. I acknowledge and agree to the following:
a. The financial assistance for which I am eligible and which will be paid directly to me will be reduced by the amount of the rent to be paid.
b. This authorization does not affect, in any way, my responsibilities or obligations as a tenant as set out in the Commercial Tenancies Act and the Residential Tenancies Act, 2006.
c. This authorization does not make the United Counties of Leeds and Grenville responsible or liable for any financial obligations or for the provision of accommodation.

Utilities Pay Direct:

1. I _____, authorize the United Counties of Leeds and Grenville to pay the following utility bills submitted each month by myself, directly to:

Company Name: _____ Account No.: _____
Company Name: _____ Account No.: _____
Company Name: _____ Account No.: _____

- 2. This authorization shall be in effect for the period in which I am eligible to receive financial assistance under the Ontario Works Act, 1997.
3. I acknowledge and agree to the following:
a. The financial assistance for which I am eligible and which will be paid directly to me will be reduced by the amount of the utilities to be paid.
b. This authorization does not affect, in any way, my responsibilities or obligations as a customer to the applicable utility company.
c. This authorization does not make the United Counties of Leeds and Grenville responsible or liable for any financial obligations or for the provision of utilities.

Dated at the United Counties of Leeds and Grenville this _____ day of _____, _____ year

Signature of Witness

Signature of Applicant/Participant