

## Address Verification Form

If dropping off or mailing check off the location:

7120 Hurontario Street  
PO Box 3600  
RPO Streetsville  
Mississauga, ON L5M 0T3

10 Peel Centre Drive  
Suite B  
PO Box 2136, Station B  
Brampton, ON L6T 0E3

### Tenant Information

Tenant's First Name:  Tenant's Last Name:

Please list all individuals residing in the unit with the tenant

Name:

Name:

Name:

### Property Information

Address:

Date Moved In: mm/yy

Period of Lease: From: (month/year)  To: (month/year)

#### Type of Accommodation:

- House
- Apartment
- Room/Shared
- Other (please provide details)

### Landlord Information

Are you the registered owner of this property?

- Owner
- Leaseholder

Name:

Relationship to Tenant:

Landlord Address:

Landlord Telephone Number:

If you are not the registered owner, please complete the following:

Name of Owner:

Address of Owner:

Telephone Number of Owner:

Owner/Leaseholder Signature  Date:

#### Notice with Respect to the Collection of Personal Information

Personal information is being collected by the Regional Municipality of Peel, under the legal authority of the *Child Care and Early Years Act, 2014, s.o. 2014, c.11, s. 71(1)*, for the purpose of determining and verifying eligibility for a Region of Peel program. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585.