

Schedule “A” Tenant Information

This information is to be filled out between the Landlord and the Tenant and shall be retained by the Landlord in accordance with the Secondary Suite Grant Funding Program Agreement (reference of 4.4). It shall be provided, on request, to the City of Edmonton. It is used to verify the eligibility of the Tenant to the Property’s Secondary Suite and the continuing eligibility of the Landlord to receipt of the Grant Funding.

1. Date: _____

2. Address of Premise/Secondary Suite:

3. Landlord Information:

Name of Landlord:

Mailing Address of Landlord:

4. Tenant Information:

Name of Tenant:

Name of all other occupancy in the premises:

5. Total Household Income of Tenants: _____

Include for all members 17 years and older

- *T4*
- *income support (AISH/Alberta Works)*
- *Employment Insurance, WCB*
- *Alimony*

Do not include GST credit of family tax credit

6. This tenant income level qualifies for rental of the secondary suite: ☐

7. Term of Tenancy

☐ Fixed Term
Beginning on the _____ day of _____, 20_____
And ending on the _____ day of _____, 20_____

OR

☐ Monthly Periodic
Beginning on the _____ day of _____, 20_____
And continuing monthly periodic payments.

8. Amount of Monthly Rent: _____

I certify the above to be correct:

Signature of Landlord

Signature of Tenant

This section is to be completed when the tenancy ends

Date of Tenant's move out: _____

Form to be mailed to:

City of Edmonton
Secondary Suites
2nd Floor, Edmonton Tower
10111 - 104 Avenue
Edmonton AB T5J 0J4

OR Emailed to:

secondariesuites@edmonton.ca