



119 Van Order Drive, Kingston, ON K7M 1B9 ☎ Fax (613) 546-9375 ☎ Phone (613) 546-5591 www.kfhc.ca

TENANT REQUEST FOR PAY DIRECT

Ontario Disability Support Plan

I, _____, of _____
request that my monthly rent payment to Kingston & Frontenac Housing Corporation,
currently in the amount of \$_____, be paid directly from my Ontario
Disability Support Benefits, Shelter Allowance, from my cheque for period covered
_____ to _____, to be applied to the
month of _____ for rent.

(**Note**, that rent is due on the 1st of the month, therefore, it is necessary that the rent deduction from the Disability Benefits cheque be made for the period covered in the preceding month which is received at the end of that month).

K.F.H.C. Account # _____ District # EB00104

Tenant Signature

Kingston & Frontenac Housing Corporation
Representative

Date _____