**Landlord’s Statement for Board or Travel Allowance Entitlement**

Dear Landlord,

Based on where a trades-person who works on an OPG site lives and what type of accommodations he/she is renting or leasing, he/she may be entitled to receive payments for travel allowance or board allowance. Your co-operation in providing the following information will assist in determining the employee’s eligibility for these allowances.

(Employee name) has stated that he/she resides full-time at the following address that he/she rents/leases from you:

Address:

**The following information is specific to the above named employee and above address only:**

* Currently resides at the above address: YES NO
* Rents from (date) to
* Rents the following accommodations:

ROOM HOUSE SELF-CONTAINED UNIT (incl. bathroom, bedroom, kitchen, and a separate entrance)

* Rents on the following basis: ANNUALLY MONTHLY WEEKLY
* Signed a lease with me: YES NO
* Is a relative YES NO
* Are ALL utility bills included in the monthly rent? (i.e., hydro, gas, oil, water, cable/satellite) YES NO
* Comments: Landlord’s Name (please print): Landlord’s Address:

Landlord’s Phone Number: daytime:

Property Roll Number: Landlord’s Signature

evening\_:

Date

I hereby confirm that I am the owner or recognized agent of the above residence. I confirm that the

information provided accurately reflects the living situation of the above tenant and I am available to provide further information if needed.

**Please note:** Failure to provide the above information may result in the applicant being denied board allowance or travel allowance. **Providing false information is considered fraud by Ontario Power Generation Inc. and may result in prosecution under the CRIMINAL CODE OF CANADA.**

Employee Signature Employee Number

Please note, if ALL utility bills are not included in the monthly rent you are required to attach one or more of the following bills to this form: hydro, gas, oil, water, cable/satellite. Failure to do so may result in the denial of board allowance or travel allowance.

OPG Representative:

Telephone # Fax Number:

\*\*\* Please include Prime Contractor name and Subcontractor name (if applicable) when faxing \*\*\*