



Rent Supplement Agreement Reconciliation Form B

Community Services and Housing Department
Housing Services Branch

Corporation Name: _____

Total Number of Units Claimed: _____

Total Number of Units per Agreement: _____

Month	Housing Supplement \$	Administration Fee \$	Total Payment Received \$
Total Received			
Amount Required from Form A			
Amount Payable (Receivable) to York Region			

I/We hereby certify that the data reported above and on supporting schedules accurately reflects the status of the project for the fiscal year being claimed.

I/We hereby certify that this Corporation has complied with the Social Housing Reform Act (The Act), applicable regulations and the Rent Supplement Agreement.

Corporate Authorized Signature Position Telephone Number Date

Regional Municipality of York Authorized Signature Date