



CONFIRMATION OF RENT

I HEREBY verify that _____ is/was renting
 the premises at _____ Renter
 Suite # Address
 City Province Postal Code

Rental started on _____ 20 _____.
 Date

Rental ended on _____ 20 _____.
 Date

A. Rental Payments are/were \$ _____ per month.

B. Room and board is/was \$ _____ per month.
 (meals included)

Are/were utilities (heat, hydro, etc.) included in the rent? Yes No

Is/was the landlord or owner of the premises a parent of the renter? Yes No

How many people contribute to the rent at the premises listed above? _____

LANDLORD/LADY INFORMATION: As witnessed by my signature I hereby certify that all information provided on this form is true and complete.

 Print Name of Landlord Landlord's Signature Date

 Print Landlord's Address and Phone Number

 Print Property Owner's Name

 Print Property Owner's Address and Phone Number

For School Use Only**

 Official Stamp/Seal Here

**For school residences please supply the official school seal or stamp in the space provided

CONFIRMATION OF RENT

Ministry of Advanced Education
 StudentAid BC
 Email: SABC.AdminUnit@gov.bc.ca
 Mailing Address:
 PO Box 9173 Stn Prov Govt
 Victoria BC V8W 9H7
 250 387-6100 (outside North America)
 1-800-561-1818 (Toll Free in Canada / U.S.)
 Fax: 250 356-9455
 Toll Free: 1-866-312-3322

Courier Address:
 c/o StudentAid BC
 1st flr 835 Humboldt St
 Victoria BC V8V 4W8