



**Community and Social Services Division
Housing Department**

Application for Market Rent Housing

How to Complete the Application:

1. Complete all sections of the application. If your application is incomplete, it will be kept on file for 30 days for receipt of outstanding information.
2. The application must be signed by the applicant, co-applicant, and all non-dependent members of the household, or a person authorized to sign on behalf of any member who is unable to sign. Please read the Declaration and Consent before signing the application form.
3. Submit the completed application and all supporting documentation to:

Attention: Social Housing Registry
The United Counties of Leeds and Grenville
Community and Social Services Division – Housing Department
25 Central Avenue West, Suite 200
Brockville, ON K6V 4N6

Personal information contained on this form, or in attachments, is collected pursuant to the *Housing Services Act, 2011, sections 169, 170, 171, 172, 173, 174, 175 and 176*, or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. C.M. 56)*. The information collected in this application is for the purpose of selecting a tenant for Market Rent Housing. This housing is considered public housing because it was built and is maintained with government funding.

If you have any questions, or require assistance completing this application, please contact the Social Housing Registry at 613-342-3840, or 1-800-267-8146, ext. 2450.

1. Applicant			
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Insurance Number (optional)	
Current Address			
Apt. No.	Street Address		
P.O. Box (if applicable)	City		Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address if Different			
Alternate Contact Name	Relationship to Applicant		Contact Telephone Number

2. Co-Applicant				
Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Insurance Number (optional)				
Current Address				
Apt. No.	Street Address			
P.O. Box (if applicable)	City			Postal Code
Home Telephone:	Work Telephone:	Alt. Telephone (cell, etc.):	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address if Different				
Alternate Contact Name		Relationship to Applicant		Contact Telephone Number

3. Other Household Members to Reside in Accommodation Applied for:						
Last Name	First Name		Gender		Birth Date (mm/dd/yy)	Relationship to Applicant
			M	F		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

4. Rental History

- a) Have you or any member of your household previously lived in rent-gearred-to-income (subsidized) or social housing in the province of Ontario? Yes No
- b) Why are you vacating your present place of residence?
- c) Please complete your rental history for the previous **5 years**; attach additional pages to the application if more space is needed:

I.	Landlord Name, Address, Phone	From (date)	To (date)
		____ ____ ____ mm dd yy	____ ____ ____ mm dd yy
	Name on Lease or Tenancy Agreement	Rental or Damage Arrears Owing	
		\$	

II.	Landlord Name, Address, Phone	From (date)	To (date)												
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mm	dd	yy													
mm	dd	yy													
Name on Lease or Occupancy Agreement	Rental or Damage Arrears Owing														
	\$														

5. Social Housing Arrears

Does any member of the household owe money (i.e. unpaid rent or damages) to any social housing providers in Ontario? Yes No

6. Income from All Sources

Please provide your monthly income:

Source of Income	Position Held	Length of Employment	Applicant Gross Monthly
Applicant's Employer:			\$
Business Address:			
Business Telephone:			
Co-Applicant's Employer:			\$
Business Address:			
Business Telephone:			
Other Income:			\$
Total:			\$

7. Financial Obligations (attach additional pages if more space is required)	
Payment to:	Amount
	\$
	\$
	\$
Total monthly financial obligations:	\$

8. Banking Information	
Name of Bank:	Branch:
Address:	
Chequing Account No.:	Savings Account No.:

9. Pets	
Please list all pets that you currently own. A "pet" is defined as any domesticated animal which is possessed, harboured, kept or fed by the tenant, or approved member, including but not limited to dogs, cats, rabbits, birds, fish, ferrets, rodents, reptiles, snakes, etc..	
Type (e.g. dog)	Breed, if known (e.g. poodle)
1.	
2.	
3.	
4.	

Documentation Requirements (submit copies with completed Application)	
Income information (e.g. one months of pay stubs, letter from your employer, benefit statement)	<input type="checkbox"/>

Declaration and Consent

I/we the undersigned, understand and declare:

1. That all information given in this application, and any supporting documentation, is correct and complete.
2. That the Social Housing Registry/Housing Department will use the information provided to select a candidate for a market rent unit.
3. That if any information in this application is incorrect, or not true, the Social Housing Registry/Housing Department may request additional information, cancel this application, or both.
4. That this application is for a market rent housing unit, and this is not a rent-geared-to-income housing unit. A separate application process must be completed to apply for rent-geared-to-income housing.
- 5. That this unit is “smoke-free”, and I/we agree to abide by the terms if offered the rental unit.**
6. This application is to respond to a specific vacancy; however, should another vacancy arise in the 3 months following my/our application, it may be considered for future vacancies. After 3 months I/we must reapply for a market rent unit.
7. That the Social Housing Registry/Housing Department may complete a consumer credit enquiry for all adult members listed in my household as part of the screening process for this rental application.
8. That the Housing Department may verify if any outstanding loans are owing for Investment in Affordable Housing (IAH) Programs or 2016 Social Infrastructure Fund (SIF) Programs delivered by the United Counties of Leeds and Grenville, and/or rental arrears owing to any Social Housing Provider in Ontario.
9. That references listed for previous landlord’s may be contacted for the purpose of determining residential rental history.
10. That any information provided in this application, and any supporting documentation may be verified, and I/we authorize any person, corporation, or any social agency having knowledge of the information provided, to release that information to the Social Housing Registry/Housing Department for the purpose of selecting a candidate for a market rent unit.

Signatures of Household Members

Applicant	_____	Co-applicant	_____
Household Member	_____	Household Member	_____
Household Member	_____	Household Member	_____
Date (mm/dd/yyyy)	_____		

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All public housing units are owned and administered by the United Counties of Leeds and Grenville, Community and Social Services Division – Housing Department, and are designated as “**smoke-free**”.

Kemptonville, Prescott Street - Apartment Building

- 1 bedroom
- 2 bedroom
- 3 bedroom

Prescott, Victor Crescent - Semi-detached

- 3 bedroom

Prescott, Roberta Crescent – Single Family

- 3 bedroom

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date