



Rent Supplement Landlord Application

Personal information is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 (MFIPPA)*; the *Housing Development Act, R.S.O. 1990, c.H. 18 (HDA)*; the *Ministry of Municipal Affairs and Housing Act, R.S.O. 1990, c. M.30 (MMAHA)*; the *Ontario Housing Corporation Act, R.S.O. 1990, c. O.21 (OHCA)*; and the *Personal Information Protection and Electronic Documents Act, S.C. 2000, c.5 (PIPEDA)*. **The personal information provided will be used to determine the suitability of rental units offered by owners.** Personal information may be disclosed to the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies (collectively "third parties") who assist in the provision of affordable housing.

The Owner and/or Managing Agent represent and warrant that they shall ensure compliance with all applicable privacy legislation, including PIPEDA, by protecting the information collected in the course of performing their obligations as a Landlord, thereby ensuring confidentiality is respected and maintained, and that personal information is safeguarded.

Questions about the collection and disclosure of personal information should be directed to the **Clerk's Department**, United Counties of Leeds and Grenville, Suite 100, 25 Central Avenue West, Brockville, Ontario, K6V 4N6.

To be completed by the Owner or Property Manager

Owner/Landlord

Name:	Telephone No.:	Fax No.:
Address:	Municipality:	

Managing Agent (if applicable)

Name:	Telephone No.:	Fax No.:
Address:	Municipality:	

Primary Contact (Rentals, building inspections):

Name:	Title:	Telephone No.:	Fax No.:
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Cheques payable to: _____

Mailing Address: _____

Building Complex

<input type="checkbox"/> Single/Detached	<input type="checkbox"/> Semi- detached	<input type="checkbox"/> Condominium	<input type="checkbox"/> Duplex	<input type="checkbox"/> Triplex
<input type="checkbox"/> Non-self contained	<input type="checkbox"/> Apartment (Elevator)	<input type="checkbox"/> Apartment (Walk up)	<input type="checkbox"/> Row Housing	<input type="checkbox"/> Row Housing /Stacked
Year Building was Built	Number of Storeys	Total Number of Units in Building		

Building Location

Address:			Municipality:	
Unit Size	Unit No.	Number of Units Offered		Monthly Rent
		Regular	Wheelchair Accessible	
Bachelor/Studio				
1-Bedroom				
2-Bedroom				
3-Bedroom				
4-Bedroom				

Rent Supplement Landlord Application Form

Please indicate if the following are included in full monthly rent:

		Included	Not Included	Additional Charges
Heating Method:	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Hot Water Tank:	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Water:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Refrigerator:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Stove:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Electricity:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Air Conditioning:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Washer/Dryer:		<input type="checkbox"/>	<input type="checkbox"/>	\$
Parking:	Indoor	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	\$
Accessibility Options:	Elevator	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Stairs Only: 5 or less <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	More than 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Television Service:	Master Satellite <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Cable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Recreation:	Swimming Pool	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (specify):				\$

I/We declare that there currently are no outstanding municipal work orders on the properties outlined above.

I/We hereby certify that the above information is correct and rents are lawful in accordance with the *Residential Tenancies Act, 2006 S.O. 2006, c. 17*.

I/We consent to the release of information to an authorized representative of the United Counties of Leeds and Grenville, Human Services Division for the purpose of verifying the Owner/Landlord of the rental property identified herein.

I/We also consent to an inspection of the units identified in this Application for the purpose of determining suitability of the units for the Rent Supplement program(s).

Signature of Owner/Landlord **Print Name of Owner/Landlord** **Date**

**Forward completed application to:
 Housing Department
 United Counties of Leeds and Grenville
 Human Services Division
 25 Central Avenue West, Suite 200, Brockville, ON K6V 4N6
 Telephone: 613 342-3840 Toll Free: 1-800-267-8146 Fax: 613-342-8908**

FOR OFFICE USE ONLY					
New Owner/Landlord set up required: Yes <input type="checkbox"/> No <input type="checkbox"/>			New Vendor set up required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Property Code	Program /Landlord No.	Program	Term (no. of years)	Effective (Start) Date (mm/dd/yy)	End Date (mm/dd/yy)
Charge:			Allowance:		
Total:			Total Allowance:		

Fully serviced accommodation includes heat, water, hot water, refrigerator and stove. If any of these services is not included in full monthly rent, then an allowance is subtracted from the tenant's RGI payable. If additional services are included in full monthly rent, then a charge is added to the tenant's RGI payable.