



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:		