

APPLICATION FOR MARKET RENTAL ACCOMMODATION

C/O BENCHMARK MANAGEMENT SERVICES, 39 DURWARD PLACE, UNIT 2, FRONT, WATERLOO, ON N2L 4E5
 TELEPHONE: 519-746-3033 FAX: 519-746-7033

INSTRUCTIONS: -Fill out this application form completely (please *print* clearly)

FOR OFFICE USE ONLY		App. #:	Received:			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 1	First Name/Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)		
				Name:		
				Phone:		
Status in Canada – Attach verification (<i>photocopy</i>)						
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):						
<input checked="" type="checkbox"/> Safe Contact Name & Phone No. (if victim of violence)				<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
Name:				Name:		
Phone No.:				Phone No.:		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name- Applicant No. 2	First Name/Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (M-D-YYYY)	Social Insurance No.	
Home Address-Street Number & Name		Unit/Apt.	City	Postal Code	Home Phone No.	Work Phone No.
Mailing Address (if different from above)				Alternate Contact (where we can leave a message)		
				Name:		
				Phone:		
Status in Canada – Attach verification (<i>photocopy</i>)						
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify):						
<input checked="" type="checkbox"/> Safe Contact Name & Phone No. (if victim of violence)				<input type="checkbox"/> Interpreter Name and Telephone No. (if required)		
Name:				Name:		
Phone No.:				Phone No.:		

OTHER APPLICANTS TO RESIDE IN ACCOMMODATION APPLIED FOR: (*All applicants age 16 years and older must sign the Declaration & Consent - page 6*)

Last Name	First Name	Age	Birth date (M-D-YYYY)	Sex (M/F)	Relationship (Son, Daughter, Niece, etc.)

Are all the above 'Other Applicants' who will be residing in accommodation applied for, legally entitled to be in Canada? Yes No

Do you owe any rental arrears to any Landlord? <input type="checkbox"/> No <input type="checkbox"/> Yes – State amount \$
Are you under a 'Notice To Vacate'? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please attach a copy of your Notice
Present Accommodations <input type="checkbox"/> Rent <input type="checkbox"/> Own home <input type="checkbox"/> Temporary housing (e.g. emergency shelter, care facility, hotel) <input type="checkbox"/> Other If Temporary Housing or Other, please specify:
Type of Unit Required? <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom

HOUSEHOLD INCOME PER MONTH

Employment Earnings	\$ \$	Ontario Works	\$ \$
Ontario Disability Support Plan (ODSP)	\$ \$	Old Age Security (Including Supplements)	\$ \$
Canada Pension Plan (CPP)	\$ \$	Private Pension	\$ \$
Canada Pension Plan (CPP-Disability)	\$ \$	War Veteran's Pension	\$ \$
Employment Insurance (EI)	\$ \$	Disability Pension	\$ \$
Worker's Compensation	\$ \$	Other (Specify)	\$ \$

VALUE OF HOUSEHOLD ASSETS

Total Savings in <u>All</u> Banks	\$ \$ \$	<u>All</u> Real Estate (approx.) <i>(Written appraisal obtained at household's expense may be required)</i>	\$ \$ \$
<u>All</u> Certificates/Stocks/Bonds	\$ \$ \$	Other(s) (specify)	\$ \$ \$

APPLICANT NO. 1 (Please Print): _____ Signature: _____

APPLICANT NO. 2 (Please Print): _____ Signature: _____

Date: _____

DECLARATION

1. I give my word that everything I have written in this application is correct and complete.
2. I understand that only the people I have listed on this application form may live with me in the unit applied for.

Applicant #1

Witness

Date

Applicant #2

Witness

Date

PERSONAL INFORMATION CONTAINED IN THIS FORM OR IN ATTACHMENTS IS COLLECTED BY THE LANDLORD PURSUANT TO THE *FREEDOM OF INFORMATION AND PRIVACY ACT* (R.S.O 1990 c.F.31) OR THE *MUNICIPAL FREEDOM OF INFORMATION AND PRIVACY ACT* (R.S.O. 1990 c.M.56). THIS INFORMATION WILL BE USED TO DETERMINE ELIGIBILITY FOR HOUSNG.

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LANDLORD REFERENCE CHECK

The following named person(s) has applied to be on a waiting list for a rental unit with
Please note that an offer of a unit is not being made at this time.

APPLICANT NO. 1: _____
Please Print

APPLICANT NO. 2: _____
Please Print

PRESENT ADDRESS: _____ TEL #: _____
Please Print

I/We the applicant(s) agree to have the following information regarding my/our tenancy released on my/our behalf.

Signature-Applicant #1

Signature- Applicant #2

Date

The following information must be completed and signed by your present landlord before this application can be processed.

****For Landlord's Use Only****

DURATION OF RESIDENCY: From: _____ To: _____

RENT PAYING HABITS: ___ On Time ___ Late ___ Other (*Please Explain*)

Have you had any social problems i.e. noise complaints, damage to unit, interference with the reasonable enjoyment of others? ___ No ___ Yes (*Please Explain*)

Is/was the unit being kept to a reasonable standard of housekeeping? ___ Yes ___ No (*Please Explain*)

COMMENTS: _____

LANDLORD NAME: _____
PRINT NAME *LANDLORD'S SIGNATURE*

ADDRESS: _____ **TEL:** _____

assistance.