

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.) |
|-----------|------------|-----|-----------------------|-----------|---|
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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? No Yes – State amount \$

Are you under a 'Notice To Vacate'? No Yes – Please attach a copy of your Notice

Present Accommodations
 Rent Own home Temporary housing (e.g. emergency shelter, care facility, hotel) Other
 If Temporary Housing or Other, please specify:

Type of Unit Required?
 1 bedroom 2 bedroom 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.

