

City of Kawartha Lakes Human Services Box 2600, 68 Lindsay Street North Lindsay, ON K9V 4S7 705-324-9870 cklhumanservices@kawarthalakes.ca

Application for Market Rent Accommodation

Please complete the following steps to ensure your application will be processed. Fill in the personal information about each household member on the first four pages of this form. Read and sign the declaration, release and consent. Select your desired building locations on pages five and six. Mail or deliver the completed application to the office of the corresponding Housing Provider, as indicated on page five and six. You will be added to the market rent wait list of the building(s) that you have selected. If you have questions about your application please contact the corresponding Housing Provider. First Name: * Last Name: * Apt/Unit Number: * Town/City: * Street Name: * Province: * Postal Code: * **Cell Phone Number: Daytime Phone Secondary Phone** Number: * Number: **Email Address:** Alternate Contact Name (First and Last Name): **Alternate Contact** Alternate Contact Relationship: **Phone Number:**

Household Information

Please provide information about all adults, including yourself, and all children who live with you.

First Name *	Last Name	Relationship	Date of birth
Gender Male		Social Insurance N	umber
Female Other			
Co-Applicant First Name	Co-Applicant Last Name	Relationship	Date of Birth
Gender Male Female		Soical insurance n	umber
Other			
Dependant 1: First Nar	ne	Dependant 1: Last	Name
Relationship	Date of Birth	Gender Male Female Other	Dependant SIN #

Dependant 2: First Name		Dependant 2: Las	Dependant 2: Last Name		
Relationship	Date of Birth	Gender Male Female Other	Dependant SIN #		
Dependant 3: First Name		Dependant 3: Las	t Name		
Relationship	Date of Birth	Gender Male Female Other	Dependant SIN #		
Dependant 4: First Name		Dependant 4: Las	Dependant 4: Last Name		
Relationship	Date of Birth	Gender Male Female Other	Dependant SIN #		

Do all the people listed currently live with you? *	If no, please provide (for each person not currently living with you) the name of the person, the date this person will start living with you, and the reason why they are not living with you now:		
Yes			
No			
Are you expecting a ch household?*	ange in the size of your	Date of Expected Ch	nange:
Yes			
No			
Housing/Rental Info	rmation on regarding your current landlo	ord or indicate if you are a	property owner
Current Landlord's Na	me:	Current Landlord's	Phone Number:
Previous Landlord's Name:	Previous Landlord's Phone Number:	I am a property owner *	Do you own pets? *
		No	
Pet one (1):	Pet Type:	Pet Name:	
Pet two (2):	Pet Type:	Pet Name:	
Pet three (3):	Pet Type:	Pet Name:	

Declaration, Release, and Consent to Information

Collection and Use of Your Personal Information:

Individual Housing Providers will collect and obtain any or all of your personal information, without limitation whatsoever, from any person or persons including but not limited to, any municipal, provincial or federal department, any agency that assists in the provision of social housing, any agencies, groups, societies, organizations or persons (social or otherwise) providing assistance in any form whatsoever to any member of the public, or any credit information company (the "Information Recipient"); and retain and use the personal information provided by you in this form for the following purposes:

- considering your application for tenancy;
- verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for tenancy;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the individual Housing Provider auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;
- for the purpose of retaining housing due to social difficulties and financial difficulties. Disclosure of Your Personal Information

Disclosure of Your Personal Information:

The individual Housing Provider will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- to any social agency providing any form of assistance to you, or other government subsidy
- Support Program Act, 1997 or the Child Care and Early Years Act, 2014, or any government department responsible for social housing programs under the Housing Services Act, or the City of Kawartha Lakes and/or the individual Housing Provider housing portfolio operating agreement;
- to Ontario Landlord and Tenant Board or divisional court;
- to relevant agencies or next of kin in case of emergency;
- to credit bureaus and other businesses that provide credit or rental history information about you;
- to a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of the individual Housing Provider and;
- any relevant agencies regarding physical or mental health and financial assistance.

This consent is given under the provisions of the Personal Information Protection and Electronic Document Act. This consent is valid until revoked in writing. A Tenant may, at any time, request from the Landlord's Privacy Officer its complete Privacy Policy, and may request that the Privacy Officer provide information about the data collected and retained with respect to the Tenant or prospective Tenant, and may also obtain a Privacy Complaint Form for the purpose of resolving disputes with respect to the use of said information.

Consent:

I authorize and agree that the individual Housing Provider may collect, use and disclose the personal information that I have provided in this form and its attachments as described above. I understand and acknowledge that, in addition to the foregoing, the individual Housing Provider will also collect, use and disclose my personal information as required or permitted by law.

Declaration:

I/we give my/our word that everything in this application is correct and complete. If something is incorrect or not true, I/we understand that the City of Kawartha Lakes may cancel my/our application.

I/we declare that the following is true:

• There are no enforceable deportation, departure or exclusion orders against any member of this household.

I/we understand that only the people I/we have identified as members of our household may live with me/us in the housing unit. While I/we am/are on the waiting list, I/we must tell the City of Kawartha Lakes about any changes to my/my housing needs.

Name of Applicant	*			
		-		
Applicant Signatur	'e:*	Date: *		
Name of Spouse/P	artner:			
Signature of Spous	se/Partner:	Date:		
Housing for All - S	Singles, Couples, Seniors	s & Families		
	uilding you wish to apply for. Y selections at any time with the		using for the buildings you apply for.	
available. Futher deta	u have chosen a Building Sele ils on the buildings can be fou under the Our Communities so	nd on the City of Kawarth	a Lakes Website:	
Select the Size of U	Jnit you Require: *	.*		
1 bedroom	2 bedroom	3 bed	4 bed	
3 bedroom	4 bedroom			

Do you have physical disabilities which would require you to need a unit with accessible modifications? (If yes, please complete the Accessible Accommodation form as well) Yes	Do you require parking? * Yes No	Do you have an accessible parking permit? * Yes No
Please select your housing choices:		
Haliburton Community Housing Corporation, 13 telephone 705-457-9119	Independence St., Halibur	ton Ontario K0M 1S0,
Echo Hills Apartments (1 and 2 bedroom apartmer	nts) 13 Independence St., Ha	liburton
Parklane Apartments (1 and 2 bedroom apartment	s) 1 Victoria St., Haliburton	
Monmouth Township Non Profit Housing Corpor Wilberforce Ontario K0L 3C0, telephone 705-448-	-	Office Box 70,
Maple View Apartments (1 and 2 bedroom apartm	ents) 2117 Loop Rd., Wilber	force
Maple View Townhouses (2 and 3 bedroom townhouses)	ouses) 2117 Loop Rd., Wilbe	erforce
Staanworth Non Profit Housing Corporation, 44 I 705-286-3444	Parkside St., Minden Onta	rio K0M 2K0, telephone
Staanworth Terrace (Seniors Only) (1 and 2 bedroo	om apartments) 44 Parkside	St., Minden
Staanworth Court (Seniors Only) (1 and 2 bedroom	n apartments) 30 Prentice St.	, Minden
Floralan Park (2 and 3 bedroom townhouses) Flora	alan Park Dr., Minden	
Fenelon Area Independent Living Association, 10 telephone - 705-887-9604	05 Lindsay St., Fenelon Fa	lls Ontario K0M 1N0,
FAILA (Seniors Only) (1 and 2 bedroom apartments	s), 70 Murray St., Fenelon Fa	alls

Kawartha Lakes-Haliburton Housing Corporation, Post Office Box 2600, 68 Lindsay St. N., Lindsay Ontario K9V 4S7, telephone - 705-324-6401
Mountainview Apartments (1 and 2 bedroom apartments) 610 Mountain St., Haliburton
Sunrise Apartments (1 and 2 bedroom apartments) 6 Parkside St., Minden
Pinegrove Place (1 bedroom - Seniors Only) 57 Parkside St., Minden
Pinegrove Place Phase 2 (1, 2 and 3 bedroom apartments) 57B Parkside St., Minden
Little Bob Gardens (1 bedroom apartments) 123 Need St., Bobcaygeon
Cliffside Villa Apartments (1 and 2 bedroom apartments) 40 Francis St. E., Fenelon Falls
Cottingham Court (1 bedroom apartments) 8 James St., Omemee
Flynn Gardens Apartments (1 and 2 bedroom apartments) 48 St. Paul St. and 45 St. Patrick St., Lindsag
Hamilton Place Apartments (Seniors Only) (1 and 2 bedroom apartments) 19 Hamilton St., Lindsay
Riverview Apartments (1 bedroom apartments) 71 Melbourne St. E., Lindsay
Sussex Place Apartments (1 and 2 bedroom apartments) 20 Sussex St. S., Lindsay
Willabond Apartments (1 and 2 bedroom apartments) 111 William St. N., Lindsay
Mary & James St. Townhouses (2 and 3 bedroom townhosues) Mary St. W. & James St., Lindsay
Nayoro Place Townhouses (2 and 3 bedroom townhouses) 45 Durham St. E., Lindsay
Red Pines Townhouses (2, 3 & 4 bedroom townhouses) 92 Albert St. S., Lindsay
Dominion Drive (3 and 4 bedroom townhouses) 40 Dominion Drive, Lindsay