

Rental Application for Seniors

Check all properties you are interested in:

- | | |
|--|--|
| <input type="checkbox"/> 129 Van Order Drive | <input type="checkbox"/> 233 Queen Mary Road |
| <input type="checkbox"/> 205 Rideau Street | <input type="checkbox"/> 2075 Battersea Road |

- **All tenants and occupants must be in their sixty-fifth (65th) year to be eligible**
- For Rent-Geared-to-Income housing, you must apply at The Social Housing Registry at 362 Montreal Street, Kingston, ON (613-546-2695)
- Units deemed “Affordable” are available and dependent on annual household income
- Last month’s rent will be required as a deposit
- All eligible units are non-smoking units

APPLICANT: Please fill out all information below

Last Name	First and Middle Name(s)	Date of Birth (MM/DD/YY)	
Street Number and Name	Unit Number	City	
Prov	Postal Code	Telephone Number	Email
Source(s) of Income <input type="checkbox"/> OAS <input type="checkbox"/> CPP <input type="checkbox"/> Pension <input type="checkbox"/> Other:			Total Income Per Month (Gross) \$

CO-APPLICANT: Please fill out all information below

Last Name	First and Middle Name(s)	Date of Birth (MM/DD/YY)	
Street Number and Name	Unit Number	City	
Prov	Postal Code	Relationship to Applicant	Telephone Number
Source(s) of Income <input type="checkbox"/> OAS <input type="checkbox"/> CPP <input type="checkbox"/> Pension <input type="checkbox"/> Other:			Total Income Per Month (Gross) \$

1. Length of time at current address: _____
2. Do you rent or own: Rent Own
3. Current landlord's name and telephone number: _____
4. Former landlord's name and telephone number: _____
5. Statement of Residency:
- (a) I am a legal resident of Canada Yes No
- (b) If no, what is your residency status: _____
6. Will anyone else be sharing the unit with you: Yes No
- If yes, please explain relationship: _____
7. How many bedrooms do you require: _____
8. Do you require a modified unit: Yes No
9. Do you require a parking space? Yes No
10. Have you ever occupied a subsidized rental unit? Yes No
- If yes, please provide the address: _____
- | | | |
|--------|------------|-------------|
| Street | City, Prov | Postal Code |
|--------|------------|-------------|
11. Do you smoke? Yes No
12. Preferred month _____
13. Preferred lease term _____

To process your application and adhere to the guidelines, please read the conditions, initial, and sign below:

The information given in this application relating to the occupants of the unit and the gross household income is accurate and complete. No income or income producing assets have been concealed or omitted from this application.

I/We authorize Kingston & Frontenac Housing Corporation to make any inquiries that it deems necessary to verify the information in this application including obtaining landlord references.

I/We consent to the release and exchange of information pertaining to my/our application, tenancy and rent payment history to other government agencies, social housing providers and for the purposes of landlord references.

All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA). Only the designated subsidized units in the Affordable Housing Development are governed under the Housing Services Act, 2011.

Personal information contained on this form or in attachments is collected by the Kingston & Frontenac Housing Corporation pursuant to the Housing Development Act, Sections 2, 4 and 7, R.S.O. 1990, C.O. 21 and the Housing Development Act, Subsection 7(2) R.S.O. 1990. SH 18 and will be used to determine suitability and eligibility for housing applied for and the continuation of housing.

I/We consent to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material. Questions regarding this collection should be directed to Kingston & Frontenac Housing Corporation.

If for any reason, the landlord is unable to give possession of the rental premises on the commencement date of the lease term, the landlord shall not be subject to any liability to the applicants and shall give possession to them as soon as the landlord is able to do so with the rent abated until such time, and this will not affect the validity of the tenancy agreement, the obligations of the parties, nor shall it be construed as extending the term of the agreement. _____ (Initial)

I/We understand that newly leased units are non-smoking units. _____ (Initial)

Applicant

Date

Co-Applicant

Date

Please return the completed application to:

Kingston & Frontenac Housing Corporation
119 Van Order Drive Kingston, ON K7M 1B9
(613) 546-5591 (613) 546-9375 (fax)
Or via email: applications@kfhc.ca