

Rental Application for Non-Seniors

Applying for: Specific address(es) _____ No specific address

**For Rent-Geared-to-Income housing, you must apply at The Social Housing Registry at
362 Montreal Street, Kingston, ON (613-546-2695)**

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		Total Income Per Month (Gross) \$	
Employer's Name		Telephone Number	
Employer's Address		Length of Employment	

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	Telephone Number	Email
Source(s) of Income		Total Income Per Month (Gross) \$	
Employer's Name		Telephone Number	
Employer's Address		Length of Employment	

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 other than those listed above: 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. Do you smoke?

Yes

No

11. Preferred move-in month:

12. Preferred lease term:

13. Pets that will live with you (type, breed, sex, age):

14. Have you ever received a notice for late-payment, non-payment, or damage?

Yes

No

15. Has any court of law ever issued an eviction order against you?

Yes

No

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.

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 completed application to:

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