

Applying for:

 40 Cliff Crescent

 28 Cliff Crescent – Apartments

 645 Brock Street

 Other

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

Last Name	First and Middle Name(s)	Date of Birth (mm/dd/yy)
Street Number and Name	Unit Number	City
Postal Code	Telephone Number ()	Social Insurance Number (for credit check only) Male <input type="checkbox"/> / / / Female <input type="checkbox"/>
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
Postal Code	Telephone Number ()	Social Insurance Number (for credit check only) Male <input type="checkbox"/> / / / Female <input type="checkbox"/>
Source(s) of Income	Total Income Per Month (Gross) \$	
Employer's Name	Telephone Number	
Employer's Address	Length of Employment	

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Last Name	First and Middle Name(s)	Date of Birth (mm/dd/yy)
Street Number and Name	Unit Number	City
Postal Code	Telephone Number ()	Social Insurance Number (for credit check only) Male <input type="checkbox"/> / / / Female <input type="checkbox"/>
Source(s) of Income	Total Income Per Month (Gross) \$	
Employer's Name	Telephone Number	
Employer's Address	Length of Employment	

Please list **any other** people who will be living in the household:

Name(s)	Relationship to Applicant	DOB (mm/dd/yy)	Female or Male	Source(s) of Income	Amount per month	Social Insurance Number

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: Each (0) one (1) two (2) three (3) four (4) five(5)
8. Do you require a modified unit: Yes No
10. Do you require a parking space? Yes No

In order to process your application as well as to adhere to the guidelines, please read and sign the conditions 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 a consumer credit report and 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.

The applicant/resident(s) consents 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 the: Kingston & Frontenac Housing Corporation.

In 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 agree hereby to submit current and all income verification as requested by the Landlord. _____ (Initial)

Applicant

Date

Co-Applicant

Date

Please return the completed application form to:

Kingston & Frontenac Housing Corporation
119 Van Order Drive Kingston, ON K7M 1B9
(613) 546-5591 or (613) 546-9375 (fax)