

119 Van Order Drive, Kingston ON K7M 1B9 Phone (613)546-5591 Fax (613) 546-9375 www.kfhc.ca

Applying for:							
☐ 40 CI	liff Crescent 28 Cliff	Crescent	645 Brock Str	eet C	Other KFHC Prop	erty	
Last Name		First and Middle Name(s)		Date of Birth			
Street Number and Name		Unit # City					
Postal Code	Telephone	,,,			Male □ Female □		
Source(s) of Income List Income Sources Total \$ Total Income Per Month (Gross)							
Employer's Nar	me				Employer's Telephone #		
Employer's Add	dress			Length of Employment			
CO-APPLICANT: Please fill out all information below							
Last Name		First and Middle Name(s)		Date of Birth			
Street Number and Name		Unit #	City	1	year		
Postal Code	Telephone	Social Insurance Number (for credit check only) Male Female					
Source(s) of Income List Income Sources Total Income Per Month (Gross)							
Employer's Nar	ne				Employer's Telephone #		
Employer's Add	dress				Length of Employment		
Street 1. Length of time	e at current address:	City					
2. Do you rent o	r own:		Rent	Rent Own			
3. Current landlord's name and telephone number:							
4. Former landlord's name and telephone number:			Nan	1e	Pho	one #	
5. Statement of Residency:(a) I am a legal resident of Canada			Ye	s No	o 🗌		
(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:							



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7. How many bedrooms do you need:	Select #
8. Do you require a modified unit:	Yes No
10. Do you require a parking space?	Yes No
In order to process your application, please read and sign the cond	ditions below:
The information given in this application relating to the occupatincome is accurate and complete.	ants of the unit and the gross household
I/We authorize Kingston & Frontenac Housing Corporation to ma verify the information in this application including obtaining a con references.	· · · · · · · · · · · · · · · · · · ·
I/We consent to the release and exchange of information pertaini payment history to other government agencies, Social Housing I references.	
All information collected will be handled in accordance with Electronic Document Act (PIPEDA). Only the designated sub Development are governed under the Housing Services Act, 2011.	osidized units in the Affordable Housing
Personal information contained on this form or in attachments Housing Corporation pursuant to the Housing Development Act, the Housing Development Act, Subsection 7(2) R.S.O. 1990. SH 1 and eligibility for housing applied for and the continuation of housing	Sections 2, 4 and 7, R.S.O. 1990, C.O. 21 and 8 and will be used to determine suitability
The applicant/resident(s) consents to the verification, disclosure form and attachments by or to any of the above entities and will Questions regarding this collection should be directed to the: Kir	provide any required supporting material
In for any reason, the landlord is unable to give possession of the date of the lease term, the landlord shall not be subject to any lia possession to them as soon as the landlord is able to do so with twill not affect the validity of the tenancy agreement, the obligation as extending the term of the agreement. Apple	bility to the applicants and shall give the rent abated until such time, and this
Applicant Full Name	
Applicant Signature Co-Applicant Full Name	Date DD Month YYYY
Co-Applicant Signature	Date
Please return the completed applica Kingston & Frontenac Housing Corporation em 119 Van Order Drive Kingston, ON K7M 1B9 (613) 546-9	nail to: <u>applications@kfhc.ca</u>