

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

Seniors Affordable Housing Applications

Kingston & Frontenac Housing Corporation
Affordable Housing Developments

129 Van Order Drive 49 Units233 Queen Mary Road 27 Units

These housing developments are made affordable through grants from three levels of Government: Municipal, Provincial and Federal. Under this development program certain income thresholds are targeted as a part of the selection criteria. Therefore, income information will be required prior to approval in order to verify eligibility.

Main Features:

- Common room
- Barrier free design
- In-house mailboxes
- Worry free indoor and outdoor maintenance

- Laundry facilities
- Affordable rents
- Ample closet space
- Outdoor parking
- Grab bars in all bathrooms

Residency Requirements:

- ➤ All tenants and occupants must be in their sixty-fifth (65th) year;
- Non Smoking Units
- A last month's rent deposit will be required;
- Monthly rental amounts include utilities;

Contact Information;

Kingston & Frontenac Housing Corporation (613) 546-5591 or email *Applications@kfhc.ca*



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

Applying for:					
□ 233 Queen Mary Road. Please initial that you are aware that 233 Queen Mary Road is a completely non-smoking property Initial					
□ 129 Van Order Drive					
□ Both					
Last Name	First and Middle Name(s)		Date of Birth		
Street Number and Name	Unit Number City				
Postal Code Telephone Number	Social Insurance Number (for credit check	only)	Male		
			Female		
Source(s) of Income: OAS,CPP,Pensions Total Income Per Month (Gross)					
CO-APPLICANT: Please fill out all information below					
Last Name	First and Middle Name(s)		Date of Birth		
Street Number and Name	Unit Number City				
Dostol Codo Tolombono Niverbon	Casial Insurance Number (for gradit sheek only)		Mala		
Postal Code Telephone Number	Social Insurance Number (for credit check only)		Male Female		
Source(s) of Income: OAS,CPP,Pensions Total Income Per Month (Gross)					
Relationship to Applicant:					
APPLICANT Information: Please fill out all information below					
1. Length of time at current address:					
2. Do you rent or own:RentOwn					
Current landlord's name Former landlord's name	telephone number				
	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:					



(613) 546-5591 (613) 546-9375 (fax)

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

RFORATION —			
7. How many bedrooms do you need: (1) One (2	2) Two		
8. Do you require a modified unit? Yes No			
9. Have you ever occupied a subsidized rental unit? Yes	s No	ъ.	
(a) If yes, please provide the address: (Street	City	Province	Postal Cod
10. Do you require a parking space? Yes No			
In order to process your application, please read and significant the information given in this application relating to the income is accurate and complete. No income or income omitted from this application.	occupants of the unit a	and the gross	
I/We authorize Kingston & Frontenac Housing Corporat necessary to verify the information in this application in obtaining landlord references.	-		
I/We Consent to the release and exchange of informati and rent payment history to other government agencie purposes of landlord references.			
All information collected will be handled in accordance Electronic Document Act (PIPEDA). Only the designated Development are governed under the Housing Services	d subsidized units in the		
Personal information contained on this form or in attack Frontenac Housing Corporation pursuant to the Housin 1990, C.O. 21 and the Housing Development Act, Subset to determine suitability and eligibility for housing applie	g Development Act, Section 7(2) R.S.O. 1990.	ctions 2, 4 and SH 18 and wil	d 7, R.S.O. I be used
The applicant/resident(s) consents to the verification, of this form and attachments by or to any of the above en material. Questions regarding this collection should be Corporation.	ntities and will provide a	any required s	upporting
Applicant	Date		
Co-Applicant	Date		
Please return the completed application form to: Kingston & Frontenac Housing Corporation 119 Van Order Drive Kingston, ON K7M 189	email to <u>Applicatio</u>	ons@kfhc.ca	