

□ Other

City of Kawartha Lakes Human Services Box 2600, 68 Lindsay Street North Lindsay, ON K9V 4S7 705-324-9870 cklhumanservices@kawarthalakes.ca

Application for Market Rent Accommodation

Please complete the following steps to ensure your application will be processed.

☐ Read and sign the☐ Select your desire☐ Mail or deliver theon page five and six.☐ You will be added	e declaration, release and con ed building locations on pages completed application to the	s five and six. office of the corresponding Ho he building(s) that you have sel	using Provider, as indicated	
First Name: *		Last Name: *		
Apt/Unit Number: *	Street Name: *	Town/City: *	Province: *	
Postal Code: *	Daytime Phone Number: *	Secondary Phone Number:	Cell Phone Number:	
Email Address:				
Alternate Contact Nar	me (First and Last Name):	Alternate Contact Relationship:	Alternate Contact Phone Number:	
Household Information Please provide informatio First Name *		rself, and all children who live wit Relationship *	h you. Date of birth *	
Gender Male Female		Social Insurance Number		

Co-Applicant First Name	Co-Applicant Last Name	Relationship	Date of Birth
Gender		Social insurance nu	mber
Dependant 1: First Name	Dependant 1: Last Name	Relationship	Date of Birth
Gender		Dependant SIN #	
Dependant 2: First Name	Dependant 2: Last Name	Relationship	Date of Birth
Gender		Dependant SIN #	
Dependant 3: First Name	Dependant 3: Last Name	Relationship	Date of Birth
Gender		Dependant SIN #	
Dependant 4: First Name	Dependant 4: Last Name	Relationship	Date of Birth
Gender		Dependant SIN #	

Do all the people listed currently live with you? * ☐ Yes ☐ No		or each person not currently this person will start living w with you now:	· · · · · ·
Are you expecting a ch household? * □ Yes □ No	ange in the size of your	Date of Expected Chang	je:
Housing/Rental Inform Please provide information		or indicate if you are a property ov	vner
Current Landlord's Nar	me:	Current Landlord's Pho	ne Number:
Previous Landlord's Name:	Previous Landlord's Phone Number:	I am a property owner * □ Yes □ No	Do you own pets? * ☐ Yes ☐ No
Pet one (1):	Pet Type:	Pet Name:	
Pet two (2):	Pet Type:	Pet Name:	
Pet three (3):	Pet Type:	Pet Name:	

Declaration, Release, and Consent to Information

Collection and Use of Your Personal Information:

Individual Housing Providers will collect and obtain any or all of your personal information, without limitation whatsoever, from any person or persons including but not limited to, any municipal, provincial or federal department, any agency that assists in the provision of social housing, any agencies, groups, societies, organizations or persons (social or otherwise) providing assistance in any form whatsoever to any member of the public, or any credit information company (the "Information Recipient"); and retain and use the personal information provided by you in this form for the following purposes:

considering your application for tenancy;

- verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for tenancy;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the individual Housing Provider auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency;
- for the purpose of retaining housing due to social difficulties and financial difficulties. Disclosure of Your Personal Information

Disclosure of Your Personal Information:

The individual Housing Provider will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- to any social agency providing any form of assistance to you, or other government subsidy
- Support Program Act, 1997 or the Child Care and Early Years Act, 2014, or any government department responsible for social housing programs under the Housing Services Act, or the City of Kawartha Lakes and/or the individual Housing Provider housing portfolio operating agreement;
- to Ontario Landlord and Tenant Board or divisional court;
- to relevant agencies or next of kin in case of emergency;
- to credit bureaus and other businesses that provide credit or rental history information about you;
- to a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of the individual Housing Provider and;
- any relevant agencies regarding physical or mental health and financial assistance.

This consent is given under the provisions of the Personal Information Protection and Electronic Document Act. This consent is valid until revoked in writing. A Tenant may, at any time, request from the Landlord's Privacy Officer its complete Privacy Policy, and may request that the Privacy Officer provide information about the data collected and retained with respect to the Tenant or prospective Tenant, and may also obtain a Privacy Complaint Form for the purpose of resolving disputes with respect to the use of said information.

Consent:

I authorize and agree that the individual Housing Provider may collect, use and disclose the personal information that I have provided in this form and its attachments as described above. I understand and acknowledge that, in addition to the foregoing, the individual Housing Provider will also collect, use and disclose my personal information as required or permitted by law.

Declaration:

I/we give my/our word that everything in this application is correct and complete. If something is incorrect or not true, I/we understand that the City of Kawartha Lakes may cancel my/our application.

I/we declare that the following is true:

• There are no enforceable deportation, departure or exclusion orders against any member of this household.

I/we understand that only the people I/we have identified as members of our household may live with me/us in the housing unit. While I/we am/are on the waiting list, I/we must tell the City of Kawartha Lakes about any changes to

my/my housing needs.		
Name of Applicant: *		
Applicant Signature:*	Date: *	
Name of Spouse/Partner:		
Signature of Spouse/Partner:	Date:	
Housing for All - Singles, Couples, Seniors & Families		
Please select which building you wish to apply for. You will o change these selections at any time with the appropriate Hou		e buildings you apply for. You can
Please ensure that you have chosen a Building Selection wh Futher details on the buildings can be found on the City of Ka Communities section of the KLH Housing Corporation page.	ere the numbers of bedroon awartha Lakes Website: ww	ns you require are available. w.kawarthalakes.ca under the Our
Select the Size of Unit you Require: *		
☐ 1 bedroom☐ 3 bedroom	□ 2 bedroom□ 4 bedroom	
_ 3 bedroom	□ 4 bearoom	
Do you have physical disabilities which would require you to need a unit with accessible modifications? (If yes, please complete the	Do you require parking? * □ Yes	Do you have an accessible parking permit? *
Accessible Accommodation form as well)	□ No	☐ Yes
☐ Yes		□ No
Please select your housing choices:		
Haliburton Community Housing Corporation, 1 Vic 457-9119	toria St., Haliburton On	tario K0M 1S0, telephone 705
□ Echo Hills Apartments (1 and 2 bedroom apartme□ Parklane Apartments (Seniors Only) (1 and 2 bed	•	
Monmouth Township Non Profit Housing Corporat Ontario K0L 3C0, telephone 705-448-3652 ☐ Maple View Apartments (1 and 2 bedroom apartm ☐ Maple View Townhouses (2 and 3 bedroom townhouses)	nents) 2117 Loop Rd., Wil	berforce
inapie view Townhouses (2 and 3 bearboilt town	104303, 2111 LOOP 114., W	AIDOLIOI OC

Staanworth Non Profit Housing Corporation, 44 Parkside St., Minden Ontario K0M 2K0, telephone 705-286-3444
☐ Staanworth Terrace (Seniors Only) (1 and 2 bedroom apartments) 44 Parkside St., Minden
☐ Staanworth Court (Seniors Only) (1 and 2 bedroom apartments) 30 Prentice St., Minden
☐ Floralan Park (2 and 3 bedroom townhouses) Floralan Park Dr., Minden
Fenelon Area Independent Living Association, 105 Lindsay St., Fenelon Falls Ontario K0M 1N0, telephone - 705-887-9604
☐ FAILA (Seniors Only) (1 and 2 bedroom apartments), 70 Murray St., Fenelon Falls
Kawartha Lakes-Haliburton Housing Corporation, Post Office Box 2600, 68 Lindsay St. N., Lindsay Ontario K9V 4S7, telephone - 705-324-6401
☐ Mountainview Apartments (1 and 2 bedroom) 610 Mountain St., Haliburton
☐ Whispering Pines Apartments (1 bedroom - Seniors only) 4977 County Rd. 21, Haliburton
☐ Whispering Pines Townhouses (2 and 3 bedroom) 4977 County Rd 21, Haliburton
☐ Gull River Apartments (1 and 2 bedroom) Highway 35, Minden
☐ Pinegrove Place (1 bedroom - Seniors only) 57 Parkside St., Minden
☐ Pinegrove Place Phase 2 (1, 2 and 3 bedroom) 57B Parkside St., Minden
☐ Sunrise Apartments (1 and 2 bedroom) 6 Parkside St., Minden
☐ Little Bob Gardens Apartments (1 bedroom) 123 Need St., Bobcaygeon
☐ 106 Murray Street (1, 2 and 3 bedroom) 106 Murray St., Fenelon Falls
☐ Cliffside Villa Apartments (1 and 2 bedroom) 40 Francis St. E., Fenelon Falls
☐ Ada Greaves Place Apartments (1, 2 and 3 bedroom) 25 Hamilton St, Lindsay
☐ Flynn Gardens Apartments (1 and 2 bedroom) 48 St. Paul St. and 45 St. Patrick St., Lindsay
☐ Hamilton Place Apartments (1 and 2 bedroom - Seniors only) 19 Hamilton St., Lindsay
☐ Riverview Apartments (1 bedroom) 71 Melbourne St. E., Lindsay
☐ Sussex Place Apartments (1 and 2 bedroom) 20 Sussex St. S., Lindsay
☐ Willabond Apartments (1 and 2 bedroom) 111 William St. N., Lindsay
☐ Bond by the River Townhouses (3 bedroom) 5 Bond St. E, Lindsay
☐ Devan Court Townhouses (1, 2 and 3 bedroom) 1 Devan Court, Lindsay
☐ Dominion Drive Townhouses (3 and 4 bedroom) 40 Dominion Drive, Lindsay
☐ Mary & James St. Townhouses (2 and 3 bedroom) Mary St. W. & James St., Lindsay
☐ Nayoro Park Townhouses (2 and 3 bedroom) 45 Durham St. E., Lindsay
☐ Red Pines Estates Townhouses (2, 3 and 4 bedroom) 92 Albert St. S., Lindsay
☐ Cottingham Court Apartments (1 bedroom) 8 James St., Omemee