

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

☐ Fill in the personal in☐ Read and sign the d☐ Select your desired t☐ Mail or deliver the cofive and six.	lowing steps to ensure your appropriate formation about each household meclaration, release and consent. Doubling locations on pages five another properties of the market rent wait list of the build	ember on the first four pages I six. the corresponding Housing F	of this form. Provider, as indicated on page
	contact the corresponding Housing	• , ,	i. Il you have questions about
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 Name	(First and Last Name):	Alternate Contact Relationship:	Alternate Contact Phone Number:

Household Information

Please provide information about all adults, including yourself, and all children who live with you.

Last Name	Relationship	Date of birth
	Social Insurance Number	
Co-Applicant Last Name	Relationship	Date of Birth
	Social incurance number	
	Social insurance number	
Dependant 1: Last Name	Relationship	Date of Birth
	Dependant SIN #	
Dependant 2: Last Name	Relationship	Date of Birth
	Dependant SIN #	
Dependant 3: Last Name	Relationship	Date of Birth
	Dependant 1: Last Name Dependant 2: Last Name	Social Insurance Number Co-Applicant Last Name Social insurance number Dependant 1: Last Name Dependant SIN # Dependant SIN #

Gender		Dependant SIN #		
☐ Male				
☐ Female				
☐ Other				
Dependant 4: First Name	Dependant 4: Last Name	Relationship	Date of Birth	
Gender Male Female Other		Dependant SIN #		
Do all the people listed currently live with you? * Yes No		ach person not currently livi erson will start living with yo		
Are you expecting a change in the size of your household? * Yes No		Date of Expected Change:		
Housing/Rental Inform Please provide information r		or indicate if you are a property	owner	
Current Landlord's Name:		Current Landlord's Phone 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:	

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Declaration, Release, and Consent to Information

Collection and Use of Your Personal Information:

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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:	

Please select which building you wish to apply for. You will only be offered housing for the buildings you apply for. You can change these selections at any time with the appropriate Housing Provider.

Please ensure that you have chosen a Building Selection where the numbers of bedrooms you require are available. Futher details on the buildings can be found on the City of Kawartha Lakes Website: www.kawarthalakes.ca under the Our Communities section of the KLH Housing Corporation page.

Select the Size of Unit you Require: *		
☐ 1 bedroom	2 bedroom	
☐ 3 bedroom	☐ 4 bedroom	
Do you have physical disabilities which would require you to need a unit with accessible modifications? (If yes, please complete the Accessible Accommodation form as well) Yes	Do you require parking? * Yes No	Do you have an accessible parking permit? * Yes No
Please select your housing choices:		
Haliburton Community Housing Corporation, 1 Victoria S ☐ Echo Hills Apartments (1 and 2 bedroom apartments) 13 ☐ Parklane Apartments (Seniors Only) (1 and 2 bedroom a	Independence St., Haliburton	
Monmouth Township Non Profit Housing Corporation, 21 K0L 3C0, telephone 705-448-3652	17 Loop Rd. Post Office Box	70, Wilberforce Ontario
☐ Maple View Apartments (1 and 2 bedroom apartments) 2	•	
☐ Maple View Townhouses (2 and 3 bedroom townhouses) 2117 Loop Rd., Wilberforce	
Staanworth Non Profit Housing Corporation, 44 Parkside Staanworth Terrace (Seniors Only) (1 and 2 bedroom apart Staanworth Court (Seniors Only) (1 and 2 bedroom apart Floralan Park (2 and 3 bedroom townhouses) Floralan Park	partments) 44 Parkside St., Mind tments) 30 Prentice St., Minden	en
Fenelon Area Independent Living Association, 105 Linds 887-9604	say St., Fenelon Falls Ontario	K0M 1N0, telephone - 705-
☐ FAILA (Seniors Only) (1 and 2 bedroom apartments), 70	Murray St., Fenelon Falls	

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 ☐ 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 ☐ 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

Kawartha Lakes-Haliburton Housing Corporation, Post Office Box 2600, 68 Lindsay St. N., Lindsay Ontario K9V