

	<b>Application for Rental Accommodation</b> <b>St. John's Centre</b> <b>440 Water St. Peterborough, ON</b> <b>K9J 7K6</b> <b>Phone: (705) 749-0757 Fax: (705) 749-5767</b> <b>www.stjohnscentre.net</b>	<b>For Office Use Only:</b> <b>Date Received</b>
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**ARE YOU APPLYING FOR RENT GEARED-TO-INCOME or MARKET RENT ACCOMODATIONS?: (Please Check)**

**RENT GEARED-TO-INCOME       MARKET RENT**

**1. Applicant**

Last Name		First Name		Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F
Street No.		Street Name		Apartment No.	
Town/Municipality		Province	Postal Code	Date of Birth (DD/MM/YYYY)	
Social Insurance No.		Status in Canada (Verification/Proof of "status" in Canada is required)			
		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other			
Applicant Phone No.		Alternate Contact Person		Phone No.	

**2. Co-Applicant**

Last Name		First Name		Middle Name	<input type="checkbox"/> M <input type="checkbox"/> F
Street No.		Street Name		Apartment No.	
Town/Municipality		Province	Postal Code	Date of Birth (DD/MM/YYYY)	
Social Insurance No.		Status in Canada (Verification/Proof of "status" in Canada in required)			
		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other			
Co-Applicant Phone No.		Alternate Contact Person		Phone No.	

**3. Housing Preferences: (Please Check)**

I/We wish to apply for a:                       Bachelor     1 Bedroom     1 Bedroom+Den     2 Bedroom

**4. Additional Consideration :**

Please check if the situation applies to the applicant or the co-applicant:

I/We currently live in or recently moved from an abusive relationship.

**Complete Section 5 if you are applying for Rent Geared-to-Income accommodations.**

**5. Household Gross Monthly Income before deductions.**    Income means all income, benefits and gains, of every kind and source including, but not limited to, the following: self-employment, pensions, annuities, inheritance, social assistance (Ontario Works, Ontario Disability) alimony/support payments, interests from savings or chequing account(s), interest from investments, term deposits, grants etc.

Applicant: \$	Co-Applicant: \$	Total: \$
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Does the applicant or co-applicant own property (eg. House, land, farm, mobile home etc.) ?     Y  N

If "YES" specify property, location, and estimated value:

Property Type:	Location:	Estimated Value: \$
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Has the applicant or co-applicant transferred any assets within the past three years?     Y  N

If "YES", please specify amount(s) and date(s) of transfer(s): \_\_\_\_\_

**6. Previous Tenancy in any form of Subsidized Rental Accommodation in Ontario:**

Has the applicant or co-applicant lived in a housing project under any housing program administered by the Ministry of Municipal Affairs or a Central Service Manager ?  Y  N  
Housing Provider's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Occupancy Dates  
(Month/Year)  
From: \_\_\_\_\_ To: \_\_\_\_\_

Housing Provider's Name \_\_\_\_\_ Address & Phone \_\_\_\_\_

Current Landlord's Name (not social housing) \_\_\_\_\_ Address & Phone \_\_\_\_\_

Previous Landlord's Name (not social housing) \_\_\_\_\_ Address & Phone \_\_\_\_\_

St. John's Centre is a SMOKE-FREE building. Are you currently a smoker? \_\_\_\_\_  
Only 1 pet is allowed per household. If you have a pet, please specify the kind. \_\_\_\_\_

**7. Comments: (Optional)**

**8. Declaration, Release and Consent to Information: Signature and Date Required**

I/We declare that all information contained in this application is correct and complete. I/We understand that this application does not constitute an agreement to provide me/us with rental accommodation. Information attached to or contained within this form is collected for St. John's Centre by St. John's Centre and will remain the confidential property of same.

Personal information contained in this form or in attachments is collected for St. John's Centre by St. John's Centre pursuant to the Housing Services Act 2011 O. Reg 367/11 S. 23 and will be used to determine suitability and eligibility for special needs housing and rent geared-to-income subsidy.

Personal information may be disclosed to the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the Housing Services Act 2011, the Ontario Disability Support Program Act, 1997, and the Ontario Works Act, 1997.

The applicant and/or co-applicant consents to the verification, disclosure and transfer of information given on this form and attachments by or to any of the above mentioned entities and will provide any required supporting material.

Questions regarding this collection should be directed to: St. John's Centre, 440 Water St., Peterborough, Ontario, K9H 7K6.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed application and all required documentation to St. John's Centre. Applications can only be processed when fully complete.*