

COMMUNITY HOUSING REGISTRY MARKET RENT APPLICATION FORM

281 Queenston Road, Hamilton, ON., L8K 1G9
Phone: 905-545-4654 ext 222 / Fax: 905-545-4884

This application is for Market Rent accommodation. Market Rent is similar to rent in the private market and is **NOT** geared to your income. Accepting a Market Rent unit will **NOT** shorten your wait for subsidized housing. Below outlines the rent charges for Market Rent accommodation available through Housing Referral Services. Our landlords require that your monthly rent payment is **NOT** higher than 50% of your total gross monthly household income. If you cannot afford to pay market rent go to the **Access To Housing (ATH)** office at 110-350 King Street East and obtain an application for **subsidized** housing.

Check off locations and bedroom size of places you would like to live. You can choose more than 1 location and/or bedroom size.

TOWNHOUSES - Last months rent **not** required / Fridge and stove included

All tenants ARE required to obtain tenant insurance prior to signing a lease for the Ancaster and Hamilton Mountain locations

ANCASTER - 1172 Old Mohawk Road

_____ - 2 bedrooms / **no** garage / **no** driveway / **no** basement / "Stacked" units / \$820 + tenant pays for heat and hydro

_____ - 3 bedrooms / **has** garage and driveway / \$1,005 - \$1,040 + tenant pays for heat and hydro

HAMILTON MOUNTAIN – 595 Rymal Rd. E.

_____ - 2 bedroom \$875 + utilities (has driveway, but no garage)

_____ - 3 bedroom \$990 + utilities (has driveway + garage)

_____ - 4 bedroom \$1,055 + utilities (has driveway + garage)

HAMILTON MOUNTAIN - 426 Rymal Rd. E.

_____ - 2 bedroom \$965 + utilities (parking in community lot)

_____ - 3 bedroom \$1,070 + utilities (parking in community lot)

_____ - 4 bedroom \$1,105 + utilities (parking in community lot)

STONEY CREEK MOUNTAIN - 229 Candlewood Drive Parking in community lot

_____ - 1 bedroom \$613

_____ - 1 bedroom – modified \$613

_____ - 2 bedroom \$717

_____ - 3 bedroom stacked \$788

_____ - 3 bedroom 1 level \$801

_____ - 4 bedroom \$866

Please complete all 4 pages

1. APPLICANT – Please complete this page in full.

First Name: _____ Last Name: _____

Social Insurance Number: ____ / ____ / ____ Birth Date (MM/DD/YY): __ / __ / __ M F

Home/cell/work (circle one) #: _____ Home/cell/work (circle one) #: _____

Email address: _____

Your Address: _____ Unit No.: _____

City / Town: _____ Postal Code: _____

Do you reside at this address? Yes / No (circle one). **If NO**, provide address where you live:

Do you currently: rent __ / own home __ / or are you staying with friends __ / family __ / at a shelter __? **Please check one**

If renting, Landlord's Name: _____ Landlord's Phone #: _____

Date you moved into current address (month and year): _____

Former address: _____ Date Moved In: _____ / Out: _____

At former address: did you rent __ / own home __ / or staying with friends __ / family __ / at a shelter __? **Please check one**

If rented, former Landlord's Name: _____ Former Landlord's Phone #: _____

**** Addresses and a complete landlord history are required for the last 5 years - use separate sheet if required.**

Have you ever lived in non-profit, co-op or public housing in Ontario? YES / NO (circle one)

If YES, please provide:

Address: _____

Name of Leaseholder: _____

Name of Housing Provider: _____

Phone #: _____

Date moved out (month and year): _____ **Do you owe this Landlord any money? YES / NO (circle one)**

Have you ever declared bankruptcy? YES / NO (circle one) Discharge Date _____

****If bankruptcy occurred within the last 3 years provide list of assets, list of liabilities, and discharge certificate.**

Source of Income: Please check all that apply and submit verification for all sources of your income with the application:

___ **Employment** – Employment Letter or Last 8 weeks of pay stubs

___ **Ontario Works / ODSP** – Last cheque stub & drug card

___ **Employment Insurance** – Last cheque stub

___ **WSIB** – Last cheque stub

___ **Support / Alimony** – Supporting Legal Document

___ **OSAP** – Notice of Assessment

___ **CPP / OAS / GAINS** – Bank Book or statement showing direct deposit

___ **Other Income or Pensions** – last cheque stub or letter from Company

___ **Child Tax Benefit / Universal** – bank statement showing deposits

___ **Other** – provide verification

2. CO-APPLICANT - Co-applicant is any other adult who would be living in the unit with you. (Co-applicant is not the same as a Co-signer.) Please complete this page in full.

Relationship to Applicant: _____

First Name: _____

Last Name: _____

Social Insurance Number: ____ / ____ / ____

Birth Date (MM/DD/YY): __ / __ / __ M F

Home/cell/work (circle one) #: _____

Home/cell/work (circle one) #: _____

Is your address the same as Applicant's? Yes /No (circle one) - **If NO**, provide the following info:

Address: _____

Do you currently: rent ___ / own home ___ / or are you staying with friends___ / family ___ / at a shelter ___? **Please check one**

If renting, Landlord's Name: _____ Landlord's Phone #: _____

Date you moved into current address (month and year): _____

Is your former address same as Applicant's former address? Yes /No (circle one) **If NO**, provide the following info:

Address: _____ Date Moved In: _____ / Out: _____

At former address: did you rent ___ / own home ___ / or staying with friends___ / family ___ / at a shelter ___? **Please check one**

If rented, former Landlord's Name: _____ Former Landlord's Phone #: _____

****Addresses and a complete landlord history are required for the last 5 years - use separate sheet if required.**

Have you ever lived in non-profit, co-op or public housing in Ontario? YES / NO (circle one)

If YES, please provide:

Address: _____

Name of Leaseholder: _____

Name of Housing Provider: _____

Phone #: _____

Date moved out (month and year): _____ Do you owe this Landlord any money? YES / NO (circle one)

Have you ever declared bankruptcy? YES / NO (circle one) **Discharge Date** _____

****If bankruptcy occurred within the last 3 years provide list of assets, list of liabilities, and discharge certificate.**

Source of Income: Please check all that apply and submit verification for all sources of your income with the application:

___ **Employment** – Employment Letter or Last 8 weeks of pay stubs

___ **Ontario Works / ODSP** – Last cheque stub & drug card

___ **Employment Insurance** – Last cheque stub

___ **WSIB** – Last cheque stub

___ **Support / Alimony** – Supporting Legal Document

___ **OSAP** – Notice of Assessment

___ **CPP / OAS / GAINS** – Bank Book or statement showing direct deposit

___ **Other Income or Pensions** – last cheque stub or letter from Company

___ **Child Tax Benefit / Universal** – bank statement showing deposits

___ **Other** – provide verification

3. HOUSEHOLD COMPOSITION

Who else will live in the home applied for: (Attach extra sheet if there is not enough room for all household members.)

First Name	Last Name	D.O.B. mm/dd/yy	Male (M) Female (F)	Relationship to Applicant

Is anyone on this application expecting a baby? YES NO

If YES, who: _____ and date expected (month and year) _____

4. DECLARATION

THIS APPLICATION CAN NOT BE PROCESSED WITHOUT THE SIGNATURE OF THE APPLICANT AND CO-APPLICANT, if applicable.

I / we make the above, the following and all other representations, whether oral or written, to the Community Housing Registry knowing that they will be relied upon by the Community Housing Registry and its member housing providers, to assess my qualifications for rental accommodation and to establish rent:

1. The information given on this form is accurate and complete as requested.
2. I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by me and "those persons listed in the STATEMENT OF HOUSEHOLD COMPOSITION" subject to approval by the Community Housing Registry, or the member providers of the Community Housing Registry.

I give my **consent and authorization** to the Community Housing Registry to:

1. Make any enquiries that it deems necessary to verify the information given in this form, and I authorize any person, Corporation or any social agency having knowledge of any such information to release the information to the Community Housing Registry.
2. Disclose the information given by me to the Community Housing Registry to any social agency providing any form of service to me, or to any housing provider associated with the Community Housing Registry.
3. Make enquiries to a credit bureau as to my credit worthiness/landlord references.

Furthermore, I understand that if any information provided by me is a misrepresentation of myself or my income, I may be denied housing.

Signature of Applicant

Date

Signature of Co-applicant

Date