

Stoney Creek Community Homes Inc.  
 425 Melvin Avenue  
 Hamilton, Ontario L8H 2L4  
 Ph: (905) 578-3833 Fax: (905) 578-0293

“MARKET RENT APPLICATION”

LOCATION:	SENIORS	FAMILY
—	Stoneybrook Manor 1 (Lower Stoney Creek)	— Mistywood Village (Stoney Creek Mountain)
—	Stoneybrook Manor 2 (Lower Stoney Creek)	— Queenston Heights (Lower Stoney Creek)
—	Paramount Place (Stoney Creek Mountain)	

**WHAT ARE YOU APPLYING FOR?**

	APARTMENTS	TOWNHOUSE
Bachelor	[ ] Queenston Heights only	2 Bedroom [ ] Mistywood Village
1 Bedroom	[ ]	3 Bedroom [ ] Mistywood Village
2 Bedroom	[ ]	

**APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Social Insurance #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_ Sex: M [ ] F [ ]

**EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Do you work: Full time [ ] Do you work: Part time [ ]  
 Permission to contact at work: Yes [ ] No [ ]  
**PERSON TO CONTACT IN YOUR ABSENCE OR TO ACT AS YOUR INTERPRETER:**  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CO-APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Social Insurance #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Drivers License: \_\_\_\_\_ Sex: M [ ] F [ ]

**EMPLOYER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Do you work: Full time [ ] Do you work: Part time [ ]  
 Permission to contact at work: Yes [ ] No [ ]

**PERSON TO CONTACT IN YOUR ABSENCE OR TO ACT AS YOUR INTERPRETER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS TO LIVE IN HOME FOR WHICH YOU ARE APPLYING**  
 (If any of your children do not live with you all the time, place an X in the box next to their name)

Last Name	First Name	X	Birthdate	Sex	Relationship

**PERSON TO CONTACT IN CASE OF EMERGENCY (NEXT OF KIN, SPONSOR, DOCTOR)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PRESENT AND PREVIOUS ACCOMMODATIONS:**

Present Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you or the Co-Applicant live in Subsidized Housing in Ontario Now?  
 If you have in the past, provide the following: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Move Out: \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD INCOME (Gross Monthly Income BEFORE deductions)**

You must state all sources of income of those in your household and provide proof of each item.

SOURCE	APPLICANT	CO-APPLICANT	OTHER
Employment (last 8 cheque stubs)			
Ontario Works			
Employment Insurance			
Pensions			
Support/Alimony (legal document)			
Worker's Compensation (most recent chq)			
Other Income			

**DECLARATION:**

I/we make the above, the following and all other, whether verbal or written, representations to Stoney Creek Community Homes Inc. or Stoney Creek Community Services Corporation, knowing that they will be relied upon by the Corporation 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 myself and "those persons" listed in the "STATEMENT OF HOUSEHOLD COMPOSITION" subject to approval by the Corporation.
3. I give my consent and authorization to Stoney Creek Community Homes Inc. and/or Stoney Creek Community Services Corporation to:
  - a) Make any inquiries 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 of any such information to release it to the above stated Corporation(s).
  - b) Make enquiries to a credit bureau as to my credit worthiness.

Signature of Applicant \_\_\_\_\_ Witness \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**STONEY CREEK COMMUNITY HOMES INC.  
STONEY CREEK COMMUNITY SERVICES CORPORATION**

**CONSENT FORM**

**MARKET RESIDENTS / APPLICANTS**

FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

On January 1, 2004 the Federal Personal Information Protection and Electronic Documents Act took effect. This act regulates the collection, use and disclosure of personal information.

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This information in any form such as:

- Age, name, ID numbers, household composition, residency status, rent payment record, etc;
- Opinions, evaluations, comments, or disciplinary actions, and;
- Existence of a dispute between a landlord and a tenant.

Personal information does not include the name, title, business address or telephone number of an employee of an organization.

**Collection and Use of Your Personal Information**

SCCHI/SCCSC will collect, retain and use the personal information provided by you in this form and its attachments 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 use of SCCHI/SCCSC auditor to verify our financial records;
- For the purpose of contacting necessary services or your next-of-kin in case of emergency.

**Disclosure of Your Personal Information**

SCCHI/SCCSC will not disclose the personal information provided by you in this form except to the following parties for the purposes described above:

- To the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act* (Canada) or the *Immigrant Act*;
- To relevant agencies or next of kin in case of emergencies;
- 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 SCCHI/SCCSC.

*If you do not understand the requirements of this Consent Form, please feel free to contact your Property Manager or seek legal counsel.*

**Consent**

I/We authorize and agree that SCCHI/SCCSC may collect, use and disclose the personal information that I/We have provided in this form as described above. I/We understand and acknowledge that in addition to the foregoing SCCHI/SCCSC will also collect, use and disclose my/our personal information as required or permitted by law. This Consent Form will remain on file for the life of your Tenancy Agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

Signature

\_\_\_\_\_  
Signature

Signature

\_\_\_\_\_  
Signature

Signature

**To be signed by all Leaseholders**

**Complaints and Inquiries associated with PIPEDA should be directed to the Privacy Officer.**