

Date Application Received: \_\_\_\_\_

**Kirkland Lake Non Profit Housing Corporation**

100-60 Fifth Street

Kirkland Lake, Ontario P2N 3P7

Ph #(705)-568-6688 or Fax #(866)-568-8842

Email: [klnph@ntl.sympatico.ca](mailto:klnph@ntl.sympatico.ca)

**MARKET APPLICATION**

**5<sup>th</sup> Street Senior Apartments:** 1 Bedroom \_\_\_\_\_ 2 Bedroom \_\_\_\_\_

**Pollock Townhouse Units:** 2 Bedroom \_\_\_\_\_ 3 Bedroom \_\_\_\_\_

**All leases issued after January 01, 2012 are Non Smoking. KLNPH has a mandatory requirement for tenant liability insurance.**

**PLEASE PRINT ALL INFORMATION CLEARLY.**

Applicant's Name : \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Social Insurance Number: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Cell #: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Social Insurance Number: \_\_\_/\_\_\_/\_\_\_ Date of Birth: \_\_\_\_\_

|  |
|--|
| Other Household Members or Dependents:               |
|  |
| Name: _____ SIN# _____ DOB: _____ Relationship _____ |

|             |            |            |                    |
|-------------|------------|------------|--------------------|
|             |            |            |                    |
| Name: _____ | SIN# _____ | DOB: _____ | Relationship _____ |
|             |            |            |                    |
| Name: _____ | SIN# _____ | DOB: _____ | Relationship _____ |

Are you able to live independently? Yes\_\_ No\_\_\_\_\_

Do you require ground floor or elevator service? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you require a modified unit for wheelchair accessibility? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you require any modifications to the unit to be able to live independently? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you require parking? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you or anyone in your household ever lived in any government assisted housing?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please name of the provider: \_\_\_\_\_

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

**Credit References/ Previous Landlord**

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

Name: \_\_\_\_\_ Ph# \_\_\_\_\_

**Declaration & Consent**

1. I believe the statements I have made are true and correct.
2. I hereby authorize verification of information I provided and communication with any and all names listed on this application.
3. I understand that any discrepancy or lack of information may result in the rejection of this application.
4. I understand that this is an application for tenancy and does not constitute a rental or lease agreement in whole or part.

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

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

In accordance with the **Human Rights Code, 1981**, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place or origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or handicap.

**Notice with Respect to the Collection and Use of Personal Information**

(in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Residential Tenancies Act, 2006)

Personal information is collected under the statutory authority of the Tenant Protection Act, S.O. 1997 C.24, s 24(1). This information will be used to determine eligibility, special needs and provide housing to approved applicants. Direct inquiries regarding the Municipal Freedom of Information and Protection of Privacy Act to: Supervisor, Document Management, 10 Peel, Suite "B", P.O. Box 2800, Stn "B", Brampton, Ontario L6T 0E7, (905)-453-7800 Ext. 3645