



Peel Living
10 Peel Centre Drive, Suite 'B',
P O Box 2800, Stn. 'B'
Brampton, ON L6T 0E7
905-453-2500 FAX: 905-453-2501

Market Rental Application

Applicant

Surname

First Name

Middle Name

Date of Birth

Yr. Mo. Day

Sex

☐ M

☐ F

Marital Status

Phone Numbers

Can you take personal calls?

☐ Yes

☐ No

Home

Bus

Ext.

Address

Apt No.

City

Postal Code

Previous Address

Apt No.

City

Postal Code

Co-Applicant

Surname

First Name

Middle Name

Date of Birth

Yr. Mo. Day

Sex

☐ M

☐ F

Marital Status

Phone Numbers

Can you take personal calls?

☐ Yes

☐ No

Home

Bus

Ext.

Address

Apt No.

City

Postal Code

Previous Address

Apt No.

City

Postal Code

Who can we contact if we cannot reach you or your co-applicant?

Telephone

Home

Name

Relationship

Bus

Other Household Members (Include only those who will live with you)

Surname

First Name

Middle Name

Sex

Date of Birth

Social Insurance No.

Student

☐ M

☐ F

Yr. Mo. Day

Relationship

☐ Yes

☐ No

Sex

Date of Birth

Social Insurance No.

Student

☐ M

☐ F

Yr. Mo. Day

Relationship

☐ Yes

☐ No

Sex

Date of Birth

Social Insurance No.

Student

☐ M

☐ F

Yr. Mo. Day

Relationship

☐ Yes

☐ No

Sex

Date of Birth

Social Insurance No.

Student

☐ M

☐ F

Yr. Mo. Day

Relationship

☐ Yes

☐ No

Sex

Date of Birth

Social Insurance No.

Student

☐ M

☐ F

Yr. Mo. Day

Relationship

☐ Yes

☐ No

If more household members attach separate sheet.

Do you require an accessible unit?

☐ Yes

☐ No

Have you or anyone in your household lived in any government assisted housing?

☐ Yes

☐ No

Move in Date

Yr. Mo. Day

Address

Name used on application

V-08-103 2015/09

Household Monthly Income

Total Monthly Income **before** deductions received **by all family members** who will live in the accommodation.
Examples of income include:

- gross salary from employment earnings plus overtime;
- gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- gross amount of Ontario Works, Ontario Disability Support Program payments.

| Total Monthly Income | | Source of Income |
|----------------------|-----------------|------------------|
| Applicant | \$ _____ | _____ |
| Co-applicant | \$ _____ | _____ |
| Other Family Members | \$ _____ | _____ |
| Total | \$ _____ | |

| Applicant's Employer | Address | Date Employed | | | |
|----------------------|-------------|---------------|-------------|-------------|-------------|
| | | From | | To | |
| | | Yr. | Mo. | Yr. | Mo. |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

| Co-applicant's Employer | Address | Date Employed | | | |
|-------------------------|-------------|---------------|-------------|-------------|-------------|
| | | From | | To | |
| | | Yr. | Mo. | Yr. | Mo. |
| <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

Assets

Do you own a house or other property? ☐ Yes ☐ No

Investments (include all bank accounts, bonds, GICs, RRSPs stocks, etc.) List type of asset and amount.

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Debts

List all Loans, Credit Cards, Mortgages, etc.

| | Monthly Payment | Amount Owing |
|-------|-----------------|--------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

Parking Requirements Number of spots _____

Declaration and Consent

I make the following representations and warranties knowing that they will be relied on by Peel Living to assess my eligibility for rental accommodation and to establish rent:

- The information given in this form is accurate and complete;
- I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
- I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members of my family approved by the landlord.

I give my consent and authorization to Peel Living

- to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to Peel Living;
- to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date _____

Applicant's Signature _____ Spouse's/Co-applicant's Signature _____

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 of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap or receipt of public assistance.

Notice with Respect to the Collection and Use of Personal Information
(In accordance with the Municipal Freedom of Information and Protection of Privacy Act, Housing Services Act 2011 and the Residential Tenancies Act, 2006)

Personal Information is collected under the authority of the Housing Services Act 2011 and the Residential Tenancies Act, 2006, and will be used to administer social housing programs as originally outlined in the Application for Subsidized Housing (V-08-117) and the Market Application (V-08-103). Questions or concerns about the collection, use or disclosure of Personal Information, should be directed to The Regional Municipality of Peel, Human Services Department, Supervisor, Document Services, 10 Peel Centre Dr., Suite B, PO Box 2604, STN B, Brampton ON L6T 0E4, or by telephone at 905-791-7800, extension 3645.