

COUNTRY STREET SENIORS APPLICATION

Thank you for applying to our Senior Apartments at 375 and 411 Country Street, Almonte, Ontario. In accordance with CMHC Guidelines and Procedures 7.16.2.1./2, the incoming (family) tenant income limit in the province of Ontario is \$64,817 per year.

The following application is for an **AFFORDABLE MARKET RENT** unit. If you would like to apply for a RENT-GEARED-TO-INCOME unit, please advise and we will send you the Lanark County Housing Corporation application.

PLEASE NOTE: Once you are on the waiting list, if you receive an offer of housing and refuse it, you will be moved to the bottom of the wait list.

INFORMATION REQUESTED PLEASE CHOOSE WHICH TYPE(S) OF HOUSING YOU REQUIRE				
<input type="checkbox"/> Regular	<input type="checkbox"/> Barrier Free/Physically Disabled	<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom
NEW				
<input type="checkbox"/> Town & Country Phase I (Old)			<input type="checkbox"/> Town & Country Phase II (New)	
Please note: By selecting both buildings you understand that you will be offered a unit in either building.				
PLEASE NOTE SENIOR HOUSING PROVIDERS MEANS YOU MUST BE 65 YEARS OF AGE. IF A COUPLE IS APPLYING, AT LEAST ONE OF THE APPLICANTS MUST BE 65 YEARS OF AGE AND THE OTHER WITHIN FIVE YEARS OF TURNING 65.				

APPLICANT INFORMATION (PLEASE PRINT)

Applicant's Name	Sex		Date of Birth mm/dd/yyyy
	M	F	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

CURRENT MAILING ADDRESS

Street Address	Apt #	City/Town	Postal Code
Home Phone: _____		Work Phone: _____	

It is important that we be able to contact you quickly if a housing unit becomes available. Notify us immediately if your information changes.

SPECIAL NEEDS

Does any member of your household have special needs that require the following?

- Ground Floor/No Stairs Wheel Chair Accessible
 Other (specify) _____

Does someone in your household have a health problem that your current housing makes worse: Yes No

If you check any of the above, please include a doctor's letter giving details.

LANDLORD AND RESIDENTIAL HISTORY

NOTE: THIS SECTION MUST BE COMPLETE PRIOR TO APPLICATION BEING ACCEPTED.

Present Landlord: _____

Landlord's Address: _____

Landlord's Phone Number: _____

How long have you lived at your present address? (months) (years)

Do you owe any money to any landlord? Yes No

Have you ever received an eviction notice? Yes No

If **YES**, please attach a copy of the eviction notice to this application.

NEW TENANTS WILL SIGN LEASES WITH A NO SMOKING POLICY INCLUDED.

PREVIOUS HISTORY: (Five year period needed. If more space is required, write at bottom of application)

PREVIOUS ADDRESS (street address & town)	LANDLORD (name, address & phone #)	FROM dd/mm/yyyy	TO dd/mm/yyyy

Have you ever lived in subsidized housing: Yes No

If **YES**, please indicate name used:

Address of subsidized unit: _____

How long at this address: From: _____ To: _____
 dd/mm/yyyy dd/mm/yyyy

Name & Address of Housing Provider: _____

ALTERNATE CONTACT

Whom may we contact if we are unable to reach you (please indicate whether the contact is a family member, friend, or social worker.)

Name: _____ Phone #: _____
 Address: _____ Relationship: _____

NEW TENANTS WILL SIGN LEASES WITH A NO SMOKING POLICY INCLUDED.

DECLARATION AND CONSENT

Here is your legal agreement with us. Please read it carefully and sign below.

All people 16 years of age and older who are going to live with you must sign this.

- 1. ALL APPLICANTS 16 YEARS OLD AND OLDER MUST SIGN THE APPLICATION.**
2. I certify that the information provided on this form is true and complete.
3. I understand that a credit check may be done.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

(ALL APPLICANTS 16 YEARS AND OLDER MUST SIGN HERE)

ANY ADDITIONAL INFORMATION:

**Please return to: The Mills Community Support Corporation
67 Industrial Drive, P.O. Box 610
Almonte, Ontario K0A 1A0**

If you have any questions, please call (613) 256-1031

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