

Owner					
Name:					
Address:					
City:		Province:		Postal Code:	
Telephone:			Fax:		
Email:					
Managing Agent (if other than the owner)					
Name:					
Address:					
City:		Province:		Postal Code:	
Telephone:			Fax:		
Email:					
Cheques payable to:					
<p>I hereby certify that the above information is correct and the rents are in accordance with the Tenant Protection Act, 1997, S.O. 1997, c. 24</p> <p>The owner and/or managing agent agree to protect information collected on this application form and agree to ensure protection of information collected in the course of performing contractual obligations with third parties who help provide affordable housing.</p> <p>Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56; the Housing Development Act, R.S.O. 1990, c. H.18; the Ministry of Municipal Affairs and Housing Act, R.S.O. 1990, c. M.30; the Ontario Housing Corporation Act, R.S.O. 1990, c. O.21; and the Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5. The personal information collected will be used for the sole purpose of determining suitability of rental units offered by owners. Personal information may be disclosed to local housing corporations, the Ministry of Municipal Affairs and other municipal, provincial and federal departments and agencies that help provide affordable housing. Questions about the collection and disclosure of personal information should be directed to the local municipal service manager.</p>					
<hr/> Authorized Landlord Signature			<hr/> Date		
<hr/> Title					

Building location				
Address:				
City:		Province:		Postal Code:
Nearest main intersection:				
Building contact:			Title:	
Telephone:			Fax:	
Email:				
Building Information				
<input type="checkbox"/> Highrise (>7 floors with elevator)		<input type="checkbox"/> Midrise (5-7 floors with elevator)		
<input type="checkbox"/> Lowrise (<5 floors with elevator)		<input type="checkbox"/> Walkup (>5 floors , no elevator)		
<input type="checkbox"/> Townhouse, semi, detached		<input type="checkbox"/> Other _____		
Is the building itself wheelchair-accessible?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the building have any wheelchair-accessible units?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit size	Approximate Floor Area (Sq. Ft.)	Total number of units in building	Number available for Rent Supp.	Full market rent per month
Bachelor/studio				
1-bedroom				
2-bedroom				
3-bedroom				
4-bedroom				
Building/Unit Features				
What services are included in the monthly rent? <i>Please check all that apply.</i>				
<input type="checkbox"/> Heating	<input type="checkbox"/> Hydro	<input type="checkbox"/> Washer/dryer	<input type="checkbox"/> Indoor parking	
<input type="checkbox"/> Water	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Master TV antenna	<input type="checkbox"/> Outdoor parking	
<input type="checkbox"/> Hot water	<input type="checkbox"/> Stove	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Swimming pool	
<input type="checkbox"/> Other (please specify) _____				

Please fax this completed form to 416-981-6114. For info contact Kathryn Evans at 416-981-6127.