

## How to Complete This Application

Please **carefully** read the following information before filling out your application.

When filling out your application:

- Please print clearly
- Please fill out **all** sections of the application form
- Read and sign the Declaration form
- All household members over the age of 16 years must sign the form

Your completed application form can be mailed or delivered to:

The Regional Municipality of York  
Community Services and Housing Department  
1091 Gorham Street  
Unit #104  
Newmarket, Ontario  
L3Y 8X7

Phone #: 905-898-1007  
Toll-free at 1-877-464-9675  
Fax #: 905-895-5724

Please print clearly and fill out all sections

## Section 1 – Applicant Contact Information

Calls to offer housing are normally made during the day. Please provide us with a daytime number where you can be reached.

Last Name:		First Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	
Street Address:					Apartment #:		
City:			Province:		Postal Code:		
Home Phone: (    ) Email Address:				Work Phone: (    ) Can you take personal calls: <input type="checkbox"/> Yes <input type="checkbox"/> No		Extension:	
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name of interpreter or person assisting with this application:							
Name:				Phone: (    )			
What size of unit do you require?				<input type="checkbox"/> Bachelor <input type="checkbox"/> One bedroom <input type="checkbox"/> Two bedroom		<input type="checkbox"/> Three bedroom <input type="checkbox"/> Four bedroom	
Do you require parking? <input type="checkbox"/> Yes <input type="checkbox"/> No				How many vehicles do you require parking for?			
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No				What kind?			

## Section 2 – Household Information

Please provide information about all adults and children who will live in the unit (this includes applicant contact from previous page). This section must be completed.

Name	Relationship to Applicant	Date of Birth D/M/Y	Sex M/F	Source of Income	Monthly Income
	SELF				

## Section 3 – Current Landlord Information

Name:		
Street Address:		Apartment #:
City:	Province:	Postal Code:
Telephone Number:	Date Moved In:	
Monthly Rent or Mortgage Paid: \$		

## Section 3A – Previous Tenancy Information

Previous Address:

Landlord Name:

Telephone Number:

Date Moved In:

## Section 4 – Location Preferences

Please refer to the attached Market Rent Property Listing to indicate which buildings/municipalities you prefer to live in.

## Section 5 – Background Check

I give permission for Housing York Inc. to investigate my credit and banking information, tenant history and employment records for the purpose of renting a unit.

## Section 6 – Declaration

I declare:

1. I declare that everything I have written in this document is true and that no information that is required to be given has been withheld or omitted.
2. I understand that all of my personal information I give to York Region will belong to them.
3. I declare that I am in Canada legally.

Personal information contained in this form or in any attachments to it is collected by The Regional Municipality of York, pursuant to the *Freedom of Information and Protection of Privacy Act* or the *Municipal Freedom of Information and Protection of Privacy Act* and will be used only as set out in this form.

Signatures of applicants 16 years of age or over:

\_\_\_\_\_  
Applicant (Please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (Please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (Please print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Applicant(s) Name(s):** \_\_\_\_\_

- Applicants are eligible for seniors housing if at least one member of the household is 60 years or older.

**Explanation of Symbols:** ✓ - Bedroom size exists at this location  
 ☑ - Some accessible units in this bedroom size also exist at this location  
**Tenant Type:** S – Seniors F – Family/Singles All – All household types  
**Building Type:** A – Apartment T – Townhouse R – Row House

**Instructions:** Please mark an X in the \*selection box beside your choice(s).

*SELECTION	Tenant Type	Site	Address	Building Type	# of Units	Bachelor	1 bedroom	2 bedroom	3 bedroom	4 bedroom
<b>AURORA</b>										
	S	Hadley Grange	16105 Yonge Street	A	80		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>EAST GWILLIMBURY</b>										
<b>Holland Landing</b>										
	S	Oxford Village	84 Oakridge Court	A	36		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>GEORGINA</b>										
<b>Keswick</b>										
	F	Glenwood Mews	12a Patchell Crescent	T	64			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	S	Keswick Gardens	43 The Queensway North	A	120		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>KING</b>										
<b>King City</b>										
	S	Kingview Court	90 Dew Street	A	66		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>NEWMARKET</b>										
	F	Brayfield Manor	919 Bray Circle	T	81			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	S	Heritage East	349 Crowder Blvd	A	54		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	F	Heritage East	351 Crowder Blvd	A	66		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	F	Mulock Village	507 Needler Cres	T	104			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	S	Armitage Gardens	200 Eagle Street	A	58		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	ALL	Tom Taylor Place	615 Fernbank Road	A	50		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>RICHMOND HILL</b>										
	ALL	Mackenzie Green	Major Mackenzie and Essex Avenue	A	140		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	S	Rose Town	125 Pugsley Ave	A	125		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	F	Springbrook Gardens	50 Silver Linden Drive	T	93			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>VAUGHAN</b>										
	S	Blue Willow Terrace	133 Fieldstone Drive	A	60		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	S	Mapleglen Residences	2185 Major Mackenzie Drive	A	84		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	F	Woodbridge Lane	64 Abell Ave.	T	14			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>MARKHAM</b>										
	ALL	Trinity Square	37 Bates Way	A+T	100			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>