

When Completing This Application:

- Please read the instructions carefully
- Please fill-out all sections of the application form
- Please read and sign the Declaration form
- Have all household members over the age of 16 years sign the form

Your completed application form can be mailed or delivered to:

Housing York
The Regional Municipality of York
Community and Health Services Department
1091 Gorham Street, Suite 104
Newmarket, Ontario L3Y 8X7
Phone: 905-898-1007
Toll-Free: 1-877-464-9675 ext. 72700
Fax: 905-895-5724
E-mail: housingyorkrentals@york.ca

Housing York South Office
145 Essex Avenue
Richmond Hill, Ontario L4C 0W8
Phone: 905-898-1007
Toll-Free: 1-877-464-9675 ext. 72700
Fax: 905-508-1462

Your market rent application will be kept on file for one year for the locations selected on your Market Rent Property Listing sheet.

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: ()		Extension:		Can you take personal calls: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need an interpreter?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Name of interpreter or person assisting with this application:							
Interpreter 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
EAST GWILLIMBURY										
Holland Landing										
	S	Oxford Village	84 Oakridge Court	A	36		☑	✓		
GEORGINA										
Keswick										
	F	Glenwood Mews	12a Patchell Crescent	T	64			☑	✓	✓
	S	Keswick Gardens	43 The Queensway North	A	120		☑	☑		
	ALL	Lakeside Residences	17 The Queensway South	A	97	✓	☑	✓		
KING										
King City										
	S	Kingview Court	90 Dew Street	A	66		☑	☑		
NEWMARKET										
	F	Brayfield Manor	919 Bray Circle	T	81			☑	☑	☑
	F	Heritage East	351 Crowder Blvd	A	66		✓	☑	✓	
	F	Mulock Village	507 Needler Cres	T	104			☑	☑	✓
	ALL	Tom Taylor Place	615 Fernbank Road	A	50		☑	☑		
RICHMOND HILL										
	ALL	Mackenzie Green	145 Essex Avenue	A	140		☑	☑	☑	✓
	ALL	RH Housing and Community Hub	10415 Yonge Street	A	202		☑	☑		
	F	Springbrook Gardens	50 Silver Linden Drive	T	93			☑	☑	✓
MARKHAM										
	ALL	Trinity Square	37 Bates Way	A+T	100			☑	☑	✓
	F	Thornhill Green	61-5 Inverlochy Boulevard	T	101				✓	✓