

RENT SUPPLEMENT PROGRAM APPLICATION FORM

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 ("MFOIPPA"); the Housing Development Act, R.S.O. 1990, c. H.18 ("HDA"); the Ministry of Municipal Affairs and Housing Act, R.S.O. 1990, c. M.30 ("MMAHA"); the Ontario Housing Corporation Act, R.S.O. 1990, c. O.21 ("OHCA"); and the Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5 ("PIPEDA"). The personal information will be used to determine the 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 (collectively "third parties") who assist in the provision of affordable housing.

The Owner and/or Managing Agent represent and warrant that: (a) he/they shall preserve the PIPEDA compliance of all PIPEDA protected information transferred to him/them by third parties; (b) he/they shall ensure the PIPEDA compliance of all PIPEDA protected information collected by him/them in the course of performing his/their contractual obligations; and (c) he/they shall ensure the PIPEDA compliance of all PIPEDA protected information that he/they transfer to third parties.

Questions about the collection and disclosure of personal information should be directed to the Local Municipal Service Manager.

| To be completed by Owner or Managing Agent | | | | |
|---|--|---|---|---|
| Owner | | | | |
| Name | | | Telephone No. | |
| Address | | Municipality | | Cheques Payable to: |
| Managing Agent | | | | |
| Name | | | Telephone No. | |
| Address | | Municipality | | Cheques Payable to: |
| Building Location | | | | |
| Address | | Municipality | | |
| Building Information | | | | |
| Contact for Building Inspection | | | Telephone No. | |
| Agreement | | | | |
| Owner | | Term of Initial Agreement (Years) | | Effective Date |
| Specify Building Type | | | | |
| Single/Detached <input type="checkbox"/> | Semi-detached <input type="checkbox"/> | Condominium <input type="checkbox"/> | Duplex <input type="checkbox"/> | Triplex <input type="checkbox"/> |
| Non-self contained <input type="checkbox"/> | Apartment (elevator) <input type="checkbox"/> | Apartment (walk up) <input type="checkbox"/> | Row Housing <input type="checkbox"/> | Row Housing/Stacked <input type="checkbox"/> |

| | Number of Stories | Year Built | Total Number of Units in Building | |
|---|----------------------|--|-----------------------------------|--------------------|
| Units Available | Floor Area (Sq. ft.) | Number of Units Offered | | Monthly Rent |
| | | Regular | Handicapped | |
| Bachelor/Studio | | | | |
| 1-Bedroom | | | | |
| 2-Bedroom | | | | |
| 3-Bedroom | | | | |
| 4-Bedroom | | | | |
| Please specify if the following are included as part of rent. | | Included | Not Included | Additional Charges |
| | Heating (Method): | | | |
| | Hot Water | | | |
| | Water | | | |
| | Hydro | | | |
| | Refrigerator | | | |
| | Stove | | | |
| | Washer/Dryer | | | |
| Television Service | Master Antenna | | | \$ |
| | Cable T.V. | | | \$ |
| Parking | Indoor | | | \$ |
| | Outdoor | | | \$ |
| Recreation | Swimming Pool | | | \$ |
| Other (Specify) | | | | \$ |
| Do you have a pet policy in place: ___YES ___NO If you selected yes to the above, please describe your policy: | | | | |
| Do you have a smoking policy in place: ___YES ___NO If you selected yes to the above, please describe your policy: | | | | |
| I hereby certify that the above information is correct and the rents are in accordance with the Residential Tenancies Act, 2006 | | Authorized Signature and Title: | | Date: |