



**Peel Living**  
5 Wellington St. E.,  
Brampton, ON L6W 1Y1

**Region of Peel**  
*Working for you*

## Market Rental Application

<b>Applicant</b>		Social Insurance Number							
Surname			First Name		Middle Name		Date of Birth Yr. Mo. Day		
Sex	Marital Status	Phone Numbers		Can you take personal calls?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> M <input type="checkbox"/> F		Home		Bus		Ext.			
Address				Apt No.	City	Postal Code			
Previous Address				Apt No.	City	Postal Code			

<b>Co-Applicant</b>		Social Insurance Number							
Surname			First Name		Middle Name		Date of Birth Yr. Mo. Day		
Sex	Marital Status	Phone Numbers		Can you take personal calls?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> M <input type="checkbox"/> F		Home		Bus		Ext.			
Address				Apt No.	City	Postal Code			
Previous Address				Apt No.	City	Postal Code			

<b>Who can we contact if we cannot reach you or your co-applicant?</b>				Telephone	
Name		Relationship		Home	
				Bus	

<b>Other Household Members</b> <i>(Include only those who will live with you and who are not listed above)</i>						
Surname	First Name	Middle Name	Sex	Date of Birth	Social Insurance No.	Student
			<input type="checkbox"/> M	Yr. Mo. Day		<input type="checkbox"/> Yes
			<input type="checkbox"/> F	Relationship		<input type="checkbox"/> No
			<input type="checkbox"/> M	Yr. Mo. Day		<input type="checkbox"/> Yes
			<input type="checkbox"/> F	Relationship		<input type="checkbox"/> No
			<input type="checkbox"/> M	Yr. Mo. Day		<input type="checkbox"/> Yes
			<input type="checkbox"/> F	Relationship		<input type="checkbox"/> No
			<input type="checkbox"/> M	Yr. Mo. Day		<input type="checkbox"/> Yes
			<input type="checkbox"/> F	Relationship		<input type="checkbox"/> No
			<input type="checkbox"/> M	Yr. Mo. Day		<input type="checkbox"/> Yes
			<input type="checkbox"/> F	Relationship		<input type="checkbox"/> No

**Attach a separate sheet for more household members**

Please select the bedroom size suitable for you  1  2  3  4

Is anyone in your household expecting a baby?  Yes  No Due Date \_\_\_\_\_

Do you require a handicapped unit?  Yes  No

Have you or anyone in your household lived in any government assisted housing?  
 Yes  No Move in Date 

Yr.	Mo.	Day			

  
 Address \_\_\_\_\_  
 Name used on application \_\_\_\_\_

**Household Monthly Income**  
 Total Monthly Income **before** deductions received by **all family members** who will live in the accommodation.  
 Examples of income include:

- gross salary from employment earnings plus overtime;
- gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- gross amount of Ontario Works, Ontario Disability Support Program payments.

<b>Total Gross Monthly Income</b>	<b>Source of Income</b>
Applicant \$ _____	_____
Co-applicant \$ _____	_____
Other Family Members \$ _____	_____
<b>Total \$ _____</b>	

  

<b>Applicant's Employer</b>	<b>Address</b>	<b>Date Employed</b>	
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	From	To
		Yr. Mo.	Yr. Mo.

  

<b>Co-applicant's Employer</b>	<b>Address</b>	<b>Date Employed</b>	
<table border="1" style="width: 100%; height: 20px;"></table>	<table border="1" style="width: 100%; height: 20px;"></table>	From	To
		Yr. Mo.	Yr. Mo.

**Assets**  
 Do you own a house or other property?  Yes  No  
 Investments (include all bank accounts, bonds, GICs, RRSPs stocks, etc.) List type of asset and amount.

	\$		\$	
	\$		\$	
	\$		\$	

**Parking Requirements** Number of spots \_\_\_\_\_

Are you interested in a particular Peel Living location? If so, please specify your location(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Peel Living's rental properties**

Newspaper     Internet     Renter's News     Word of mouth     Other \_\_\_\_\_

**Declaration and Consent**

**I make the following representations and warranties knowing that they will be relied on by Peel Living to assess my eligibility for rental accommodation and to establish rent:**

1. The information given in this form is accurate and complete;
2. I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
3. I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members on my family approved by the landlord.

**I give my consent and authorization to Peel Living**

1. to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to Peel Living;
2. to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Spouse's/Co-applicant's Signature \_\_\_\_\_

In accordance with the **Human Rights Code, 1981**, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap or receipt of public assistance.

**Notice With Respect To The Collection of Personal Information**  
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information is collected under the statutory authority of the Tenant Protection Act, S.O. 1997, C.24, s. 24(1). This information will be used to determine eligibility, special needs, provide housing to approved applicants and calculate rents. Questions about this collection should be directed to the Supervisor, Document Services, Peel Living, 5 Wellington St. E., Brampton, ON, L6W 1Y1, (905) 453-2500.

Please return completed applications to:

Peel Living  
5 Wellington Street East  
Brampton, ON, L6W 1Y1

Tel: 905-453-1166  
Fax: 905-453-2501