



JOINT TENANCY APPLICATION FOR RENT GEARED TO INCOME ACCOMMODATION

- Complete application in full and include proof of all sources of income (including Income Tax or Notice of Assessment), custody and citizenship documentation (ie. birth certificate, etc.)
- Return the application to **Peterborough Housing Corporation**.
- Your application will be checked by **Housing Access Peterborough** for basic eligibility former tenancies and any outstanding balances.

1. i) Current Tenant(s)

Last Name		First Name			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Street No.	Street Name				Apartment No.	Status in Canada (check one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other: _____		
Town/Municipality		Province	Postal Code		Date of Birth MM DD YY _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			
Acceptable Contact Phone Numbers:								
Home:		Work:		Cell:				

ii) Current Tenant(s)

Last Name		First Name			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
Date of Birth MM DD YY _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		Status in Canada (check one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other: _____						

2. i) Applicant(s)

Last Name		First Name			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			
Acceptable Contact Phone Numbers:				Relationship to Tenant:				Date of Birth MM DD YY _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Home:		Work:							
Current Address:									
Street No.	Street Name				Apartment No.	Status in Canada (check one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other: _____			
Town/Municipality			Postal Code		Province				

ii) Applicant(s)

Last Name		First Name			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Insurance No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			
Acceptable Contact Phone Numbers:				Relationship to Tenant:				Date of Birth MM DD YY _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Home:		Work:							
Current Address:									
Street No.	Street Name				Apartment No.	Status in Canada (check one) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other: _____			
Town/Municipality			Postal Code		Province				

3. Other Household Member(s) applying to Reside in Accommodation:

Last Name	First Name	Date of Birth			Sex		Relationship
		MM	DD	YY	M	F	

4. Current and/or Previous Tenancies in any form of Subsidized Rental Accommodation in Ontario:

Have you or any other person(s) listed on this application lived in any housing project under any housing program administered by the Ministry of Municipal Affairs or a Central Service Manager. <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give name of person, address, occupancy dates, housing providers' name, address & phone.		Occupancy Dates (Month/Year) From: _____ To: _____	
Tenant Name(s)	Address	/	/
		/	/
Housing Providers' Name	Address & Phone		

5. Statement of Monthly Income before deductions (gross) received by all persons to live in the accommodation.

Income means all income, benefits and gains, of every kind and every source including, but not limited to, the following: gross salary, overtime, commissions, self-employment, employment insurance, workers' compensation, pensions, annuities, inheritance, social assistance (Ontario Works, Ontario Disability Program), alimony/support payments, interest from savings or chequing account(s), interest from investments, term deposits, grants, scholarships, etc. **(SUPPORTING DOCUMENTATION REQUIRED FOR ALL SOURCES OF INCOME)**

GROSS Monthly Income:	Tenant(s): \$	Applicant(s): \$	Other Persons: \$	Total: \$
Do you or any other person listed on this application own property (eg. house, land, farm, mobile home, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", specify type of property, location and estimated value:				
Have you or any person listed on this application transferred assets? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", specify amount and date of transfer:				

6. Agreement of Joint Tenancy Request:

I, _____ (full legal name of current tenant(s)) presently living at: request a joint tenancy with the person(s) named below.
I, _____ (full legal name of applicant(s)) wish to reside with the above named.

7. Declaration, Release and Consent to Information: Signatures and Date Required

I/we declare that all information given in this application is correct and complete. The application and any supporting documents become the property of the **Peterborough Housing Corporation**.

I/we understand, when rental accommodation is provided to me/us that it will be occupied by me/us and the persons listed on this application.

I/we understand that this application does not constitute an agreement on the part of the **Peterborough Housing Corporation** to provide me/us with rental accommodation.

Personal information contained on this form or in attachments is collected for **Peterborough Housing Corporation** pursuant to the Housing Development Act, Sections 2,4 and 7, R.S.O. 1990. C.O. 21 and the Housing Development Act, Subsection 7(2) R.S.O. 1990. CH 18 and will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent geared-to-income charge.

Personal information may be disclosed to Local Housing Corporations, non-profit housing corporations, the Ministry of Municipal Affairs and Housing and other municipal/provincial and federal departments and agencies who assist in the provision of affordable housing. Information provided by the household may be shared for the purposes of making decisions or verifying eligibility for assistance under the Housing Services Act, 2011, the Ontario Disability Support Program Act, 1997, the Ontario Works Act, 1997 or the Day Nurseries Act.

The applicant(s)/resident(s) consents to the verification, disclosure, and transfer of information given on this form and attachments by or to any of the above entities and will provide any required supporting material.

Questions regarding this collection should be directed to the: Peterborough Housing Corporation, Att: The Manager, 526 McDonnell St., Office Suite, Peterborough, Ontario, K9H 0A6.

Date: _____ Tenant(s): _____ Applicant(s): _____

Office Use Only**Housing Provider Information:**

PHC Manager: _____	Date Forwarded to HAP: _____
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Housing Access Peterborough (to be returned to PHC upon completion):

Basic Eligibility Checks Completed: _____	Completed by: _____
Eligible YES / NO	Date: _____