



# SIoux LOOKOUT

## NON-PROFIT HOUSING CORPORATION

### MARKET RENTAL APPLICATIONS

#### Instructions:

1. Complete all sections and forward to:

Sioux Lookout Non-Profit Housing  
38 Third Ave, Unit 101  
Sioux Lookout, ON  
P8T 1H9

2. Please print all information in ink.

If you have any questions or need help completing application, please call our office: (807) 737-1043

#### 1. APPLICANT

Last Name: _____		First Name: _____	
Social Insurance Number: _____			
Birth Date (MM/DD/YY): _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:			
Street Number and Street _____		Apt# _____	
Town/ City _____		Postal Code _____	
Home Phone: _____		Work Phone: _____	
Email: _____			
Status in Canada (Check One):			
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Land Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other			
Please Specify: _____			
Person to contact in your absence or emergency contact:			
Name: _____		Phone Number: _____	

**2. CO-APPLICANT**

Last Name: _____	First Name: _____
Social Insurance Number: _____	
Birth Date (MM/DD/YY): _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Relationship to Applicant: _____	
<b>Address:</b>	
Street Number and Street _____	Apt# _____
Town/ City _____	Postal Code _____
Home Phone: _____ Work Phone: _____	
Email: _____	
Status in Canada (Check One):	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Land Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other	
Please Specify: _____	

**3. LIST ALL OTHER PERSONS TO LIVE IN ACCOMMODATION:**

Last and First Name	D.O.B (MM/DD/YY)	Sex (M/F/Other)	Relationship

Is a baby expected?  Yes  No

If "Yes" date expected: \_\_\_\_\_

**4. PREVIOUS TENANCY IN RENTAL ACCOMMODATIONS IN ONTARIO:**

Have you or any other persons listed on this application lived in rental accommodations in Ontario?

Yes     No

If "Yes" please list previous addresses, landlords and occupancy dates:

Address	Landlord	Contact Info	Date: From – To (MM/YY)
_____	_____	_____	_____
_____	_____	_____	_____

**5. HOUSING PREFERENCE:** Please check as many as you wish

I/We wish to apply for the following:

Dwelling Size (Apartment/Townhouse/Semi-detached/Detached):

1 Bedroom     2 Bedroom     3 Bedroom     4 Bedroom

Other (specify): \_\_\_\_\_

I/We want to live in a project for:

Seniors Only     Mixed Housing     No Preference     Non-Profit

I/We require a modified/wheelchair accessible unit:  Yes     No

If "yes" please specify type of unit needed: \_\_\_\_\_

I/We require to live in a project where essential support services are provided:  Yes     No

If "yes" please specify type of unit needed: \_\_\_\_\_

**6. EMPLOYMENT INFORMATION**

APPICANT    Employer's Name: \_\_\_\_\_    Contact: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

CO-APPICANT    Employer's Name: \_\_\_\_\_    Contact: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

**7. DETAILED SUMMARY OF MONTHLY INCOME AND ASSETS:**

<i>GROSS MONTHLY INCOME</i>			
<i>Statement of Income</i>	<i>Applicant</i>	<i>Co-Applicant</i>	<i>Others on Appl.</i>
Old Age Security			
Federal Guaranteed Income Supplement (GIC)			
Provincial Guaranteed Annual Income (Gains)			
Canada Pension Plan (CPP)			
Worker's Compensation/Other Disability Pensions			
Department of Veteran Affairs Allowance			
Private Pensions (specify)			
Employment Income (salary/overtime/bonuses)			
Ontario Works (OW)			
Alimony/Support			
Employment Insurance (EI)			
Other Income (specify)			
<i>Total Income:</i>			

**8. GENERAL INFORMATION**

Do you require a designated parking spot with plug?  Yes  No

If you or any others on this application receive social assistance, please provide name of worker and contact information:

\_\_\_\_\_

\_\_\_\_\_

**9. ADDITIONAL COMMENTS (Optional)**

**10. DECLARATION, RELEASE AND CONSENT IN INFORMATION:**

**I declare that all information given in this application is correct and complete. The application and supporting documents become the property of Sioux Lookout Non-Profit Housing Corporation. Copies of the application and supporting documents may be given to housing providers that I have selected for placement on the waiting lists in locations where I wish to live.**

**I understand that if rental accommodation is provided to me, it will be occupied by me and the persons listed on this application.**

**I understand that this application does not constitute an agreement on the part of the Sioux Lookout Non-Profit Housing Corporation to provide me with rental accommodations.**

**Personal information contained on this form or in attachments is collected by the Sioux Lookout Non-Profit Housing Corporation pursuant to *the Freedom of Information and Protection of Privacy Act, (R.S.O 1990, C.f.31)* or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O 1990, c.M.56)*. This information will be used to determine eligibility for housing, applied for, continuation of housing and may be used for the appropriate rent-geared-to-income charge.**

**Pursuant to the Provincial/Municipal *Freedom of Information and Protection Act*; I give my consent and authorization to the Sioux lookout Non-Profit Housing Corporation:**

1. To make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release to Sioux Lookout Non-Profit Housing Corporation. I agree to provide any supporting material required for my application.
2. To disclose the information given on this form to non-profit housing corporation/co-operatives, local housing authorities, the Ministry of Municipal Affairs and Housing and other municipal, provincial and federal department and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.

Questions about this collection should be directed to:

Sioux Lookout Non-Profit Housing  
38 Third Ave, Unit 101  
Sioux Lookout, Ontario  
P8T 1H9  
(807)737-1043

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Applicant

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Date



# SIoux LOOKOUT

## NON-PROFIT HOUSING CORPORATION

38 Third Ave, Unit 101  
Sioux Lookout, ON P8T 1H9  
TEL: (807) 737-1043 FAX: (807) 737-3706

### POLICY #11

### NO SMOKING POLICY

62 PRINCESS STREET  
33, 38, 40, 42 THIRD AVENUE  
48, 50, 52, 54, 56, 58, 60A, 60B, 60C, 60D FIRST AVENUE  
64, 72, 74, 80, 84, 88 FIRST AVENUE  
28, 30, 32, 34, 36, 40, 42, 44, 45, 46 SEVENTH AVENUE

Due to the increased risk of fire, increased maintenance costs, and the known health effects of second-hand smoke, **smoking is prohibited** in any area of the building, including both the apartment and the common areas. This smoke-free zone extends outside to 3 meters from any building entrance or window.

This policy applies to all tenants, staff, guests, and service persons. Please note that tenants are responsible for the actions of their guests.

**Exception:** Smoking tenants who moved into the building **prior to the implementation of this policy** will be allowed to continue to smoke inside their apartment only. However, we are requesting from them voluntary compliance with this new No Smoking Policy. This exception does not apply to visitors to the smoking tenant's apartment.

**Definition of Smoking:** For the purpose of this policy, smoking refers to the inhaling, exhaling, or burning of any tobacco or similar product whose use generates smoke.

**EFFECTIVE AUGUST 1, 2010**

**Approved by the Board of Directors July 19, 2010**

Tenant Acknowledgement: \_\_\_\_\_

\_\_\_\_\_