



Long Point Area
 Non-Profit Housing Corporation
 Port Rowan, Ontario

MARKET RENT APPLICATION

APPLICANT INFORMATION

Last Name:	First Name:
Date of birth:	SIN:
Current address:	
City:	Postal Code:
Phone/Cell:	Email:

CO-APPLICANT INFORMATION (IF APPLICABLE)

Last Name:	First Name:
Date of birth:	SIN:
Current address:	
City:	Postal Code:
Phone/Cell:	Email:

OTHER INFORMATION

Size of Unit Requested:	<input type="checkbox"/> one bedroom	<input type="checkbox"/> two bedroom
Do you own a car?	<input type="checkbox"/> yes <input type="checkbox"/> no	
	More than one car? <input type="checkbox"/> yes <input type="checkbox"/> no	

PREVIOUS RENTAL HISTORY

Please list Applicant and Co-Applicant Rental History Separately

Applicant or Co-Applicant:	From:	To:	Landlord's Name and Number	Reason for Leaving

***You will be asked to submit your most recent Tax Return when eligible for occupancy**

Conditions that apply to this application:

1. If rental accommodation is provided to me/us it will be occupied by only me/us and only the persons listed on this application.
2. This application does not constitute an agreement on the part of the Long Point Area Non-Profit Housing Corporation to provide me/us with rental accommodation.
3. Any occupancy granted as a result of this application is subject to the present tenant vacating the premises, if and when offered. I/we agree to waive any claim for damages against LPNP for any and all losses that accrue to me/us resulting from the present tenant not vacating the premises offered to me/us at the time previously indicated by the present tenant.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____

Please return application:

Haldimand-Norfolk Housing Corporation
2-25 Kent Street North, Simcoe, Ontario N3Y 3S1

Telephone: (519) 426-7792 Fax: (519) 426-7630

hnhc@hnhousing.ca