



MARKET RENT APPLICATION

Del Gold Villa
A Non-Profit Housing Corporation
 Delhi, Ontario

Date of Application
(for office use only)

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APPLICANT INFORMATION

Last Name:	First Name:
Date of birth:	SIN:
Current address:	
City:	Postal Code:
Phone/Cell:	Email:
Do you owe to your current/former landlord(s)?	

CO-APPLICANT INFORMATION (IF APPLICABLE)

Last Name:	First Name:
Date of birth:	SIN:
Current address:	
City:	Postal Code:
Phone/Cell:	Email:
Do you owe to your current/former landlord(s)?	

PREVIOUS RENTAL HISTORY

Please list Applicant and Co-Applicant Rental History Separately

	From:	To:	Landlord's Name & Telephone Number	Reason for Leaving
Applicant:				
Applicant:				
Co-Applicant:				
Co-Applicant:				

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STATEMENT OF MONTHLY INCOME

"Income" means all Income, Benefits and Gains of every kind and from every source.

Source of Income Describe source of income.	Gross Monthly Income (before deductions)	
	Applicant	Co-Applicant
	\$	\$
	\$	\$
	\$	\$
	\$	\$

OTHER INFORMATION

Size of Unit Requested:	<input type="checkbox"/> one bedroom	<input type="checkbox"/> two bedroom
Do you own a pet?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, what type: _____ Spayed/Neutered? <input type="checkbox"/> yes <input type="checkbox"/> no
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

NOTE: Del-Gold Villa only accommodates one vehicle per tenancy subject to availability. If parking is not available, you may be placed on a waiting list.

How did you hear about Del-Gold Villa?

References:

Name	Address	Telephone Number

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 Del-Gold Villa 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 DGV 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
Email: hnhc@hnhousing.ca