



Long Point Area
Non-Profit Housing Corporation

MARKET RENT APPLICATION

Building 40
38 Erie Avenue, Port Rowan

Date of Application: _____

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:

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:				

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

STATEMENT OF MONTHLY INCOME

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

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

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 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 to the Management Agent:

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
Visit our website at: www.hnhousing.ca