



MARKET RENT APPLICATION

Haldimand Norfolk Housing Corporation
Application for:

**283 William Street
Delhi**

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)?	

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

NOTE: Parking is subject to availability and may not be available with the unit offered. If a space is not available, you may be added to a waiting list.

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:				

STATEMENT OF MONTHLY INCOME

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

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

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 HNHC 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 HNHC 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