



**Peel Living**  
 10 Peel Centre Drive, Suite `B`,  
 PO Box 2800, Stn. `B`  
 Brampton ON L6T0E7  
 905-453-2500 FAX:905-453-2501

# Market Rental Application

**Applicant**

Surname \_\_\_\_\_ Social Insurance Number(optional) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth  
 Yr. Mo. Day

Gender  M  F  Other Home Phone Numbers \_\_\_\_\_ Can you take personal calls?  Yes  No  
 Bus \_\_\_\_\_ Ext. \_\_\_\_\_

Marital Status \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Apt No. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt No. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Co-Applicant**

Surname \_\_\_\_\_ Social Insurance Number(optional) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Date of Birth  
 Yr. Mo. Day

Gender  M  F  Other Home Phone Numbers \_\_\_\_\_ Can you take personal calls?  Yes  No  
 Bus \_\_\_\_\_ Ext. \_\_\_\_\_

Marital Status \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Apt No. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt No. \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Who can we contact if we cannot reach you or your co-applicant?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Home \_\_\_\_\_ Bus \_\_\_\_\_

**Other Household Members (Include only those who will live with you)**

Surname	First Name	Middle Name	Gender	Date of Birth	Student
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Yr. Mo. Day _____. _____. _____. Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Yr. Mo. Day _____. _____. _____. Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Yr. Mo. Day _____. _____. _____. Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Yr. Mo. Day _____. _____. _____. Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other	Yr. Mo. Day _____. _____. _____. Relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If more household members attach separate sheet.

Please select the bedroom size you are requesting  1  2  3  4

Do you require an accessible unit?  Yes  No

Have you or anyone in your household **lived** in any government assisted housing?

Yes  No Move in Date \_\_\_\_\_  
 Yr. Mo. Day

Address \_\_\_\_\_  
 Name used on application \_\_\_\_\_



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## Household Monthly Income

Total Monthly Income **before** deductions received **by all family members** who will live in the accommodation.  
 Examples of income include:

- gross salary from employment earnings plus overtime;
- gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- gross amount of Ontario Works, Ontario Disability Support Program payments.

Total Monthly Income	Source of Income
Applicant \$ _____	_____
Co-applicant \$ _____	_____
Other Family Members \$ _____	_____
<b>Total \$ _____</b>	

Applicant's Employer	Address	Date Employed	
<input type="text"/>	<input type="text"/>	From	To
		Yr. Mo.	Yr. Mo.
Co-applicant's Employer	Address	Date Employed	
<input type="text"/>	<input type="text"/>	From	To
		Yr. Mo.	Yr. Mo.

**Parking Requirements**      Number of spots \_\_\_\_\_

## Declaration and Consent

**I make the following representations and warranties knowing that they will be relied on by The Region of Peel to assess my eligibility for rental accommodation and to establish rent:**

1. The information given in this form is accurate and complete;
2. I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
3. I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members of my family approved by the landlord.

### I give my consent and authorization to The Region of Peel

1. to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to The Region of Peel;
2. to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Spouse's/Co-applicant's Signature \_\_\_\_\_

### Notice with Respect to the Collection and Use of Personal Information

Personal information collected by Peel Housing Corporation, operating as Peel Living, will be retained, used, disclosed and disposed of in accordance with all applicable federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information. Personal information is collected under the authority of the Housing Services Act 2011 and the Residential Tenancies Act, 2006. In accordance with the Human Rights Code, 1981, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, gender identity, gender expression, sexual orientation age, marital status, or the receipt of public assistance. Questions or concerns about the collection, use or disclosure of Personal Information, should be directed to The Regional Municipal of Peel, Human Services Department, Supervisor, Document Services, 10 Peel, Suite B, PO Box 2604, Stn B, Brampton, Ontario L6T 0E4, (905) 791-7800, extension. 3645