

LOBO TOWNSHIP NON-PROFIT APARTMENT CORPORATION

O/A Komoka Seniors Apartments

APPLICATION FOR ACCOMMODATION

1. PERSONAL DATA (FIRST APPLICANT)

Mr. [] Mrs. [] Miss [] Ms []

Surname: _____

Given names: _____

Date of birth: _____ / _____ / _____
Day / Month / Year

Social Insurance Number: _____

Present Address

Number and street: _____

Town: _____

Postal code: _____

Present telephone number: _____

Cell/Other: _____

Marital status: _____

Spouse name: _____

Canadian Citizen or Permanent Resident:

Yes [] No []

Bank information (name and address) _____

2. PERSONAL DATA (SPOUSE – SECOND APPLICANT)

Mr. [] Mrs. [] Miss [] Ms []

Surname: _____

Given names: _____

Date of birth: _____ / _____ / _____
Day / Month / Year

Social Insurance Number: _____

Present Address

Number and street: _____

Town: _____

Postal code: _____

Present telephone number: _____

Cell/Other: _____

Marital status: _____

Spouse name: _____

Canadian Citizen or Permanent Resident:

Yes [] No []

3. VEHICLE INFORMATION

Do you and/or spouse own a vehicle that requires parking space?

Yes [] Type _____

License plate no: _____

No []

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4. MEDICAL INFORMATION AND EMERGENCY CONTACT

Do you and/or spouse have any medical condition that requires special accommodation?

Yes [] No []

If yes, describe: _____

Doctor name: _____

Telephone: _____

Doctor address: _____

Next of kin name: _____

Relationship: _____

Next of kin address: _____

Telephone: _____

5. LOCAL RESIDENCY

Do you currently reside in the area of former Lobo Township? Yes [] No []

If yes, address: _____

How many years? _____

Or, are you a former resident of the area of former Lobo Township? Yes [] No []

If yes, address: _____

How many years? _____

Or, do you have any immediate relatives in the area of former Lobo Township? Yes [] No []

If yes, name: _____

Relationship: _____

Address: _____

How many years? _____

6. PRESENT ACCOMMODATION

In your own home [] Apartment [] Furnished room [] Unfurnished room []

Live with relatives [] Other [] please describe: _____

Address: _____

Do you have your own kitchen? No [] Yes []

Do you have your own bathroom? No [] Yes []

Do you have a pet? No [] Yes [] Type _____

Do you have a current lease? No [] Yes [] Expiry date: _____

Do you currently smoke or vape? No [] Yes [] Applicant [] Spouse []

Have you smoked or vaped in the past? No [] Yes [] Applicant [] Spouse []

If you have smoked or vaped in the past, until when? Applicant: _____ Spouse: _____

NOTE: The premises are SMOKE AND VAPE FREE.

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7. REASON FOR SEEKING ACCOMMODATION

Current rent to high [] Notice to vacate [] Distance from shopping []
Distance from transportation [] Distance to doctor [] Difficulty with stairs []
Upkeep of current residence [] Overcrowding [] More companionship []
Living with relatives [] Wanting to be closer to relatives []
Other [] please describe: _____

8. INADEQUACIES OF PRESENT ACCOMMODATION

Please list any inadequacies of your present accommodations: _____

9. TYPE OF UNIT PREFERRED

	109 Hamilton Street Building (Malott Apartments)	113 Hamilton Street Building (please see and complete section 12)
One bedroom unit	[]	[]
Two bedroom unit	[]	[]
One bedroom handicap unit	[]	Not available

10. OCCUPANCY DATE

What date do you wish to occupy a unit? _____

What notice do you need to give to present landlord? _____

11. REFERENCES

Please provide the names, address and telephone number of two non-family references:

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

Please provide name, address, phone number and contact of current landlord:

3. Current Landlord _____ Contact: _____

Address: _____ Telephone: _____

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12. ELIGIBILITY FOR 113 HAMILTON STREET APARTMENTS

1. For 113 Hamilton Street building constructed under the Canada-Ontario Affordable Housing Program it is a program requirement that the maximum household income for tenancy shall be no more than five times their occupancy cost (at initial occupancy). For tenancy application in this building please complete the following:

Gross household income:

1. Applicant: _____ \$ _____ Source: _____

2. Spouse / Second Resident: \$ _____ Source: _____

Total household income: \$ _____

Please attach a copy of most recent income tax Notice of Assessment (confirming your income tax return) for all individuals who are applying for accommodation at 113 Hamilton Street building, along with written details explaining any changes to that current or future income. This household income information may need to be updated prior to first occupancy.

2. Existing home owners are not eligible for tenancy at 113 Hamilton Street building constructed under the Canada-Ontario Affordable Housing Program.

I/We understand that this application does not constitute an agreement to provide me/us with rental accommodation. I/We also understand that there may be an interview necessary to follow up the application. I/We acknowledge that the information provided voluntarily on this application is confidential and will be retained by the Lobo Township Non-Profit Apartment Corporation in a secure manner. The Corporation agrees to keep this information only until such time as it is no longer required to meet the original purpose for which it was obtained. The Corporation hereby confirms that personal information will not be used or disclosed for purposes other than those for which it is indicated, except with the consent of the individual(s) or as required by law.

I/We understand that personal information contained on this form is collected by Lobo Township Non-Profit Apartment Corporation pursuant to the Housing Development Act, Sections 2, 4 and 7, R.S.O. 1990, C.O.21 and the Housing Development Act, Subsection 7(2) R.S.O. 1990, CH18 and will be used to determine suitability and eligibility for housing applied for and the continuation of housing. All information collected will be handled in accordance with the Personal Information Protection and Electronic Document Act (PIPEDA). I/We understand that personal information may be disclosed to the City of London (as Service Manager for the delivery of the Canada-Ontario Affordable Housing Program in the County of Middlesex) and the Ministry of Municipal Affairs and Housing and other municipal, provincial and federal departments and agencies who assist in the provision of affordable housing for the purpose of confirming compliance with affordable housing eligibility requirements.

I/We declare that all the information in this application is correct and complete and hereby authorize the Corporation to verify, and maintain on file as long as required, any and all of the information collected herein and perform a credit and reference check at the discretion of the Corporation.

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Please be aware:

1. Applications for tenancy are received and accepted only from persons aged 65 and over at time of submitting the application.
2. Accepted applications will be kept active for 24 months after acceptance.

SIGNATURE AND DATE

(First Applicant signature)

(Date signed)

(Spouse - second applicant signature)

(Date signed)

RECEIVED BY LOBO TOWNSHIP NON-PROFIT APARTMENT CORPORATION

(Property Manager or other designate)

(Date)

APPLICATION COMPLETE AND ELIGIBILITY CONFIRMED

(Property Manager or other designate)

(Date)

Form date: May 2024