

**LOBO TOWNSHIP NON-PROFIT APARTMENT CORPORATION  
APPLICATION FOR ACCOMMODATION**

**1. PERSONAL DATA**

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: \_\_\_\_\_

Marital status: \_\_\_\_\_

Canadian Citizen or Permanent Resident:

Yes [ ] No [ ]

Bank information (name and address) \_\_\_\_\_

**2. 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: \_\_\_\_\_

Marital status: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Canadian Citizen or Permanent Resident:

Yes [ ] No [ ]

**3. VEHICLE INFORMATION**

Do you 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 or your spouse / second applicant 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**

Do you own a 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? No [ ] Yes [ ] Applicant [ ] Spouse [ ]

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

If you have smoked in the past, until when? Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

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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 (New Building) Subject to Maximum Household Income (please 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. MAXIMUM HOUSEHOLD INCOME FOR 113 HAMILTON APARTMENTS ONLY**

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:

Total gross household income:

1. Applicant: \_\_\_\_\_ \$ \_\_\_\_\_ Source: \_\_\_\_\_

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

**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.

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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.

**SIGNATURE AND DATE**

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Spouse / second applicant signature)

\_\_\_\_\_  
(Date signed)

**RECEIVED BY LOBO TOWNSHIP NON-PROFIT APARTMENT CORPORATION**

\_\_\_\_\_  
(Property Manager or other designate)

\_\_\_\_\_  
(Date accepted)