



## RENTAL APPLICATION FOR PAL PLACE STRATFORD

### Performing Arts Lodge (PAL) Stratford Inc.

c/o Stratford Management Incorporated

206 Ontario St., Unit 202, Stratford, ON N5A 3H4

Tel: 519-275-3706 email: info@stratfordmanagement.ca www.palstratford.org

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PAL STRATFORD is a voluntary charitable organization dedicated to the provision of affordable housing, social assistance and other services to local members and associates of Canada's professional and performing Arts community and others, who are in need of assistance by reason of low income, age or disability.

#### **PAL PLACE STRATFORD – ELIGIBILITY CRITERIA**

- 1.) Your signature on this application indicates that you understand that PAL Place Stratford is a non-accessible, non-smoking building and that PAL Members will be holding other activities within the Building. .
- 2.) All Tenants of PAL Place Stratford must be 55 years of age or older or 50 years of age or older if you are disabled.
- 3.) Proof of Tenant's Insurance will be required and reviewed annually.
- 4.) Additional information and proof of eligibility will be required at the time of your interview.

#### **IN ADDITION, YOU UNDERSTAND THAT:**

- For all occupants of the unit your Total combined gross annual income for all occupants of a **bachelor unit** from all sources cannot exceed \$25,000.
- For all occupants of the unit your total combined gross annual income from all occupants of **one-bedroom unit** from all sources cannot exceed \$31,000.

This applies during the full tenancy and tenant must provide proof of income on an annual basis to ensure compliance with this provision.

**AFFORDABLE RENT LEVELS:**           \$460.00 per month plus hydro - Bachelor unit  
  \$570.00 per month plus hydro - One- Bedroom unit

Rent will be reviewed and adjusted annually in accordance with the both the Residential Tenancies Act and other requirement set out by the City of Stratford, Social Services Department.

**PARKING:** is not included in your rent, but is available at a cost of \$20.00 per space per month.

Persons **NOT** eligible to apply are:

- Members of Provincial Legislature, Stratford City Council or Members of City Agencies, Boards or Commissions.
- Board Members, Officers or employees of PAL Stratford



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### APPLICANT # 1

<b>Last Name</b>		First Name/ Middle Initial		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)		Social Insurance No	
Home Address- Street Number & Name			Unit/Apt	City		Postal Code	Home Phone No Cell No		Work Phone No
Mailing Address if Different from Above				Email					
Status in Canada – Attach Verification (Photocopy) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify)									

### APPLICANT # 2

<b>Last Name</b>		First Name/ Middle Initial		Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of Birth (MM/DD/YYYY)		Social Insurance No	
Home Address- Street Number & Name			Unit/Apt	City		Postal Code	Home Phone No Cell No		Work Phone No
Mailing Address if Different from Above				Email					
Status in Canada – Attach Verification (Photocopy) <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other (Please Specify)									

<b>Do you Require Parking</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (\$20.00 per month per space)	If Yes: Number of Spaces <input type="checkbox"/> 1 <input type="checkbox"/> 2	Make of Vehicle (s)	Year	Plate
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Starting with your current address, list at least 1 prior address going back to a maximum of 5 years

Address	City	Province	Postal Code	No of Years	Housing Providers Name	Telephone #
1.						
2.						
3.						

Have you ever been tenants of subsidized rental accommodation at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state where and when:

Have you ever declared bankruptcy or been party to a Housing Provider and Tenant Court Action?  Yes  No

If yes, please explain:

Type of Unit :  Bachelor  One Bedroom

Do you currently have a pet?  Yes  No If yes, Please describe:

**HOUSEHOLD INCOME** - All sources of Income must be declared- Verification is required – photocopies of pay stubs etc, Income Tax Returns, Notice of Assessment.

	<u>Applicant # 1</u>	<u>Applicant # 2</u>		<u>Applicant # 1</u>	<u>Applicant # 2</u>
Gross Employment Earnings (before deductions)	\$	\$	Private Pension	\$	\$
Canada Pension Plan (CPP)	\$	\$	Disability Pension	\$	\$
Canada Pension Plan – Disability (CPP Disability)	\$	\$	War Veteran’s Pension	\$	\$
Old Age Security (including Supplement) (OAS plus GIS)	\$	\$	Ontario Works (OW)	\$	\$
Worker’ Compensation (WSIB)	\$	\$	Ontario Disability Support Plan (ODSP)	\$	\$
Employment Insurance (EI)	\$	\$	Other (Specify)	\$	\$

**HOUSEHOLD ASSETS (add extra pages if necessary)**

	<u>Applicant # 1</u>	<u>Applicant # 2</u>		<u>Applicant # 1</u>	<u>Applicant # 2</u>
List all Bank Accounts 1.) 2.) 3.) Etc	\$	\$	All Real-Estate	\$	\$
All Certificates/Stocks/Bonds 1.) 2.) 3.) Etc	\$	\$	Other Assets	\$	\$

**REFERENCES** (References cannot be family members and must be completed with full first and last names)

1.) Name:	Phone #
2.) Name:	Phone #

**EMERGENCY CONTACT**

1.) Name:	Phone #
2.) Name:	Phone #

Do you have Tenant Insurance ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurance Co.	Policy #	Expiry Date:
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Tell us how you heard about PAL Place Stratford?

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### DECLARATION

I/We hereby apply for tenancy at the PAL Place Stratford at 101 Brunswick St., Stratford, ON	
I/We understand that: <ul style="list-style-type: none"> <li>- Rents are set based on household/occupants total combined gross income from all sources, and cannot exceed \$25,000.00 for a bachelor unit.</li> <li>- Rents are set based on household/occupants total combined gross income from all sources, and cannot exceed \$31,000.00 for a one-bedroom unit.</li> </ul>	
I/We certify that the information on this form is true, correct and complete in every respect to the best of my knowledge and can be verified by PAL Place Stratford including obtaining credit and/or personal reports on me from one or more agencies or individuals.	
I/We authorize, pursuant to the Freedom of Information and Protection of Privacy Act, PAL Place Stratford to make any inquiries necessary to verify information given in this application and any person, corporation or social agency to release to PAL Place Stratford any information pertinent to the assessment of this application.	
I/We understand this application does not constitute an agreement on the part of PAL Place Stratford to provide me with accommodation	
I/We understand that it is my responsibility to advise PAL Place Stratford of any changes to the information given in the application and to provide any supporting materials required for my application	
<b>Signature of Applicant # 1</b>	<b>Date:</b>
<b>Signature of Applicant # 2</b>	<b>Date:</b>