



Performing Arts Lodge Stratford Inc.
PO Box 21045
Stratford ON N5A 7V4
applications@palstratford.org

RESIDENTIAL RENTAL APPLICATION

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

About our Property

The 5 apartments in our heritage home at 101 Brunswick Street are offered at less than 80% of the average rent for this area, in accordance with City of Stratford Social Services guidelines. Each of the 4 one-bedroom apartments and 1 bachelor-style unit is a different size and floorplan. The building is *not* wheelchair- accessible.

PAL Stratford holds other activities at this location, in common rooms and spaces that are available to both tenants and members of the organization.

Who is eligible to apply?

Applicants must be 55 years of age or older, or, if disabled, 50 years of age or older. Tenants must be able to live independently, and be capable of using stairs to access their apartments.

The combined income of *all* occupants of a unit must not exceed the annual limits established by City of Stratford Social Services. The current annual income limits are:

- \$31,000 for a one-bedroom apartment monthly rent \$600
- \$25,000 for a bachelor apartment monthly rent \$480

Who is not eligible to apply?

We are unable to accept applications from

- Province of Ontario MPPs, City of Stratford Councillors or any member of a City agency, board or commission.
- A Director, Officer or Employee of PAL Stratford

How to apply?

Email applications@palstratford.org or mail your signed application to PAL Stratford PO Box 21045 Stratford ON N5A 7V4. For other inquiries about the property, please contact our Property Manager:

Stratford Management Inc.
53 Cambria Street Stratford ON N5A 1G8
(519) 275-3706
lisa@stratfordmanagement.ca



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APPLICANT'S PERSONAL INFORMATION

Name:		
Email address:		
Home Phone:	Alternative Phone:	
Date of Birth:	Social Insurance Number:	
Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant
	<input type="checkbox"/> Refugee Claimant	
	<i>(attach a copy of supporting documentation)</i>	
	<input type="checkbox"/> Other -please specify	

Single occupant

CO-APPLICANT'S PERSONAL INFORMATION *(if applicable)*

Name:		
Email address:		
Home Phone:	Alternative Phone:	
Date of Birth:	Social Insurance Number:	
Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant
	<input type="checkbox"/> Refugee Claimant	
	<i>(attach a copy of supporting documentation)</i>	
	<input type="checkbox"/> Other -please specify	

EMERGENCY CONTACT

Name:	Relation:
Address:	
Home Phone:	Alternative Phone:
Email address:	

REFERENCES *(not family members)*

1, Name	Phone #
2. Name	Phone #



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LET US KNOW ...

Which type of apartment:	<input type="checkbox"/> One bedroom <input type="checkbox"/> Bachelor <input type="checkbox"/> Either	Do you have a pet?	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
Do you require parking? monthly fee \$20 per spot	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make, model:	
		License plate #	
How did you hear about PAL Stratford?			

EMPLOYMENT HISTORY

	Are you currently retired?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Most recent employers	City	Job title	Years
1				
2				
3				
4				
5				

CRIMINAL BACKGROUND CHECK AUTHORIZATION

Do you consent to a criminal check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anything that we may find in our criminal check that you want to comment on?		



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RENTAL HISTORY

Current Residence	
Current Address:	
How long have you lived at this address?	
Landlord name:	
Landlord phone #:	Monthly rent:
Reason(s) for leaving this property:	

Previous Residences 5-year history						
	Address	City	Postal Code	Years at address	Housing provider	
					Name	Phone
1						
2						
3						

- Have you ever been evicted from a rental residence? Yes No
- Have you missed two or more rental payments in the past 12 months? Yes No
- Have you ever refused to pay rent when due? Yes No
- Have you ever been party to an action before the LTB? Yes No
- Have you lived in other accommodation administered by Social Services? Yes No

If you have answered YES to any of the above, please describe your reasons and/or circumstances.



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PROOF OF INCOME

Please declare all sources of income, using the following tables. Applicants will need to provide copies of Income Tax Returns, or Notices of Assessment, along with other statements as required.

Source of Income	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	Applicant	Co-Applicant
Gross employment income before deductions (T4)			\$	\$
Self-employment income			\$	\$
WSIB benefits (worker's comp)			\$	\$
Employment Insurance (EI)			\$	\$
War Veteran's Pension			\$	\$
Disability Pension			\$	\$
Canada Pension Plan Disability (CPP Disability)			\$	\$
Canada Pension Plan (CPP)			\$	\$
Old Age Security including supplement (OAS plus GIS)			\$	\$
Ontario Works (OW)			\$	\$
Ontario Disability Support Plan (ODSP)			\$	\$
Private Pension			\$	\$
Other, please specify			\$	\$
Total income			\$	\$

Household Assets	Applicant	Co-Applicant
Bank accounts	\$	\$
Investment Securities	\$	\$
Real Estate	\$	\$
Other assets	\$	\$



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CREDIT HISTORY AND BACKGROUND CHECK AUTHORIZATION

Have you declared bankruptcy in the past seven (7) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to a credit check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anything that we may find in our credit check that you want to comment on?		

ADDITIONAL INFORMATION

A. SMOKING AND VAPING

The Landlord does not allow vaping or smoking of cigarettes in the rental property or on the front verandah.

The Landlord does not allow vaping or smoking of marijuana in the rental property or on the front verandah.

B. WATERBEDS

The Landlord does not allow the use of waterbeds on the premises.

C. UTILITIES

Electricity is not included in rent. Tenants will need to arrange their own account with Festival Hydro. Heat and water are included in rent.

D. TENANT INSURANCE

The Landlord will require proof of Tenant Insurance annually

E. INCOME LIMITS AND RENTAL RATES

The Landlord reviews and adjusts income limits and rental rates annually, with reference to the *Residential Tenancies Act* and City of Stratford Social Services. Tenants are required to provide documentation to prove they remain eligible for the affordable housing program. Rent and income amounts stated in this application are subject to change.

F. SHARED AND COMMON SPACES

The Landlord will hold other activities at this location, using common rooms and spaces.

The front verandah, as well as all lawns and gardens on all sides of the building are shared by all tenants.



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I hereby apply for tenancy at PAL Stratford, 101 Brunswick St Stratford Ontario. I understand that this application does not constitute an agreement for PAL Stratford to provide me with accommodation.

I acknowledge that I understand the limits on income to be eligible for tenancy at PAL Stratford.

I acknowledge that I understand the limitations in accessibility for this building, and the Additional Information provided in this document.

I declare that the information I have provided is true and correct, and contain no misrepresentations. If misrepresentations are found after a residential lease agreement is entered into between the Landlord and Applicant, the Landlord shall have the option to terminate the residential lease agreement and seek all available remedies.

I understand that it is my responsibility to provide PAL Stratford with any changes to the information contained in my application, and to provide any supporting materials when requested.

The Applicant authorizes the Landlord to verify all references and facts, including but not limited to current and previous landlords, employers and personal references. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of application.

Applicant's signature

Date

Co-Applicants signature

Date