



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 members of Canada's professional arts communities who are in need of assistance by reason of low income, age or disability.

### **About our Property**

The five apartments in our heritage home at 101 Brunswick Street are offered at 80% of the average rent for this area, in accordance with City of Stratford Social Services guidelines. Each of the four one-bedroom apartments and one studio unit is a different size and floorplan.

The building is **not** wheelchair-accessible; **stair access only to all units.**

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

### **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, capable of using stairs easily.

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

- One-bedroom: income not to exceed \$33,000; monthly rent \$719.00 (incl heat and water but **not** hydro.)
- Studio: income not to exceed \$27,000; monthly rent \$584.00 (includes heat and water but **not** hydro.)

The combined assets limit of **all** occupants of a unit must not exceed the maximums established by the City of Stratford Social Services. The current asset maximums are:

- Age 55 – 64, or age 50 - 64 with a disability: total assets must not exceed \$100,000
- Age 65+: total assets must not exceed \$200,000

### **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 of Stratford agency, board or commission.
- A Director, Officer or Employee of PAL Stratford

### **How to apply?**

Email your completed and signed application and complete information about your professional arts career to [applications@palstratford.org](mailto:applications@palstratford.org) or mail to:

**Tenant Selection Committee, PAL Stratford, PO Box 21045 Stratford ON N5A 7V4.**



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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
	<i>(attach a copy of supporting documentation)</i>	
	<input type="checkbox"/> Other -please specify	
	<input type="checkbox"/> Refugee Claimant	

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
	<i>(attach a copy of supporting documentation)</i>	
	<input type="checkbox"/> Other -please specify	
	<input type="checkbox"/> Refugee Claimant	

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

**EMPLOYMENT HISTORY**

	Are you currently retired?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>Most recent employers</b>	<b>City</b>	<b>Job title</b>	<b>Years</b>
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 <b>criminal</b> check that you want to comment on?		



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**RENTAL HISTORY**

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

<b>Previous Residences 5-year history</b>						
	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.

<b>Source of Income</b>	<input type="checkbox"/> <b>Monthly</b>	<input type="checkbox"/> <b>Annually</b>	<b>Applicant</b>	<b>Co-Applicant</b>
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			\$	\$
<b>Total income</b>			<b>\$ 0</b>	<b>\$ 0</b>

<b>Household Assets</b>	<b>Applicant</b>	<b>Co-Applicant</b>
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 <b>credit</b> check that you want to comment on?		

**ADDITIONAL INFORMATION**

**A. SMOKING AND VAPING**

The Landlord does not allow vaping or smoking of cigarettes or 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, in accordance with 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 maximum 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 assets and income to be eligible for tenancy at PAL Stratford.

I understand that I must purchase tenant insurance and provide annual proof of insurance to the Property Manager in order to live 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.

The Applicant hereby gives permission for his/her/their financial information to be shared with the City of Stratford when/if requested.

Applicant's signature

Date

Co-Applicants signature

Date



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## The Canadian Artist Code

**A professional Artist is recognized as one who meets a combination of four of the following criteria, one of which must be 4, 5, 6 or 7.**

1. An Artist has presented his/her work to the public by means of exhibitions, publications, performances, readings, screenings or similar representative appropriate to the nature of his/her work.
2. An Artist is represented by a dealer, publisher, agent, or similar representative appropriate to the nature of his/her work.
3. An Artist devotes a reasonable proportion of his/her professional time as an artist to promoting or marketing his/her work, including but not limited to, presenting himself/herself for auditions, seeking sponsorship, agents or engagements, or similar activities appropriate to the nature of his/her work.
- \*4. An Artist receives or received compensation from his/her work including, but not limited to, sales fees commissions, salaries, royalties, grants and awards, any of which may reasonably be included as professional or business income.
- \*5. An Artist has a record of income or loss relevant to the monetary compensation or exploitation of his/her work and appropriate to the span of his/her artistic career.
- \*6. An Artist has received professional training either in an educational institution or from a practitioner or teacher recognized within his/her profession.
- \*7. An Artist has received public or peer recognition in the form of honours, awards, professional prizes or critical appraisal in a public and recognized forum.
8. The Artist is a member of a professional association appropriate to his/her artistic activity, whose membership or categories of membership is or are limited under standards established by the association; or which is a trade union or its equivalent appropriate to his/her artistic activity; or is a member of a specific cultural community.





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### **The Professional Arts Associate**

1. The Arts Associate is someone whose work is essential to the enabling of professional artists to share their gifts out into the world.
2. The Arts Associate shows income specifically from a professional career supporting artists in contexts listed in #4.
3. The Arts Associate has worked in the profession for a reasonable portion of his, her or their professional career.
4. The Arts Associate has worked supporting artists in professional, recognizable and established contexts: theatre companies, music venues, orchestras, art galleries, journals and periodicals, music groups and bands, solo artists with professional careers.
5. The Arts Associate submits a minimum of three letters of reference from professional, established and recognized artists, from staff of a professional, established and recognized company or organization detailing the professional administrative support received from the arts professional including the length, purpose and nature of the association.