



**Landlord Application Form - Rent Assistance Program**

**1. Landlord and Contact**

Owner's Legal Name	Contact Person(s)	Contact Information
		<b>Phone:</b> <b>Fax:</b> <b>Email:</b>
<b>Address</b>	<b>Municipality</b>	<b>Postal Code</b>
Managing Agent, if any	Contact Person(s)	Contact Information
		<b>Phone:</b> <b>Fax:</b> <b>Email:</b>
<b>Address</b>	<b>Municipality</b>	<b>Postal Code</b>
Type of Housing Provider		
<input type="checkbox"/> <b>Private Landlord</b> <input type="checkbox"/> <b>Condominium</b>	<input type="checkbox"/> <b>Non- Profit Provider</b> <input type="checkbox"/> <b>Co-op Housing</b>	<input type="checkbox"/> <b>Other Please specify:</b> _____

**2. Contact for Building/Unit Inspection**

<b>Name</b>	<b>Phone</b>
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**3. Payment under the Rent Supplement Program would be to:**

<b>Name</b>		
<b>Address</b>	<b>Municipality</b>	<b>Postal Code</b>



**6. Term**

<b>State Proposed Initial Occupancy Date</b>	
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**7. Building Information**

Building's Full Municipal Address	Year Built	Total Number of			
		Elevators	Parking Spaces	Units	Stories

**8. Specify Building type with an "X" where applicable**

Single		Apartment - Walk-up		Duplex		Triplex	
Semi-Detached		Apartment-Elevator		Row Housing		Stacked Townhouse	
Other		Specify					

**9. Special Unit Features**

**Describe special Unit Features, if any**  
 Example: non-smoking, barrier free accessibility, energy conservation, balconies, patios, etc

**10. Special Building Features**

**Describe special Building Features, if any**  
 Example: non-smoking, barrier free accessibility, supportive activities/agencies, energy conservation, on site laundry, controlled entrance, playground on site, etc.

## 11. Conveniences

### List all conveniences within close proximity to building

Examples: proximity to public transportation, shopping, medical services, schools, banks, government services, parks, day care facilities, recreational facilities, churches, nearest main intersection, etc.

## 12. Experience

### Briefly describe experience with residential rental ownership and/or management

Example: demonstrate adequate experience with multi-residential rental development/current housing activities including the number of projects and units owned and/or managed/experience of members of the organization that will be responsible for your participation in the Program.

## 13. Compliance to Building Code and Fire Code

Does the property comply with all Building & Fire Code regulations?  Yes  No

Are there any Property Standards or Fire Code compliance orders on the property /building  Yes  No

If yes, please provide details

**14. Fire Alarm, Smoke Detectors and Fire Alarm Monitoring**

Smoke Detectors: Hard wired  Yes  No Battery Operated  Yes  No

Fire Alarm Panel: Internal Monitoring  Yes  No

External Monitoring: (Please specify) \_\_\_\_\_

**15. Property Maintenance**

Please indicate how the following maintenance functions are performed at the property i.e.: site staff, contractor etc.

Maintenance Function	Service Provided By
Landscaping	
Snow Removal	
Cleaning of Common Areas	
Fire Alarm System Inspections	
After Hours Emergency	

**16. Additional Information**

List here any additional information you wish to provide.

**The undersigned hereby certifies that:**

1. The above information provided on this Form is true and accurate.
2. All rents offered are in compliance with the laws of Ontario governing residential rent amounts.
3. The undersigned has the authority to sign to bind the Property Owner to this submission.
4. If requested, the landlord will provide written confirmations of compliance with the Building Code and Fire Code prior to initial occupancy of any of the units or receipt of funds under the Program  
 NOTE: Such written compliance is not required at the time of submission of this Proposal Form.

<b>Witness</b> Print Name:  Date:	<b>Authorized Signature of Property Owner</b> Print Name:  Date:
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<b>Witness</b> Print Name:  Date:	<b>Authorized Signature of Property Owner</b> Print Name:  Date:
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**CONSENT AND AUTHORIZATION**

TO: \_\_\_\_\_  
Insert name of Authority i.e. Fire Department

AND TO: \_\_\_\_\_  
Insert name of any additional Authority ie: City of Kitchener

RE: \_\_\_\_\_  
Insert Property Name and Address

The undersigned, on behalf of, \_\_\_\_\_ hereby consents to the release to The Regional Municipality of Waterloo of any and all information with respect to any outstanding work orders, deficiency notices, infractions, violations, proceedings, prosecutions, orders, directives, complaints or investigations with respect to the Property.

This document shall be your good and sufficient authority to release to The Regional Municipality of Waterloo the information referred to above.

\_\_\_\_\_  
Name of Property Owner

Per: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

I have authority to bind the Corporation.

DATED at \_\_\_\_\_, Ontario this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.