



COUNTRY STREET SENIORS' APPLICATION

Thank you for applying to our Senior Apartments at 375 and 411 Country Street, Almonte, Ontario. **In accordance with CMHC Guidelines and Procedures 7.16.2.1./2, the ingoing (family) tenant income limit in the province of Ontario is \$64,817 per year.**

The following application is for an **AFFORDABLE MARKET RENT** unit. If you would like to apply for a RENT-GEARED-TO-INCOME unit, please advise and we will send you the Lanark County Housing application.

You must be 65 years of age to apply for this housing. If a couple is applying, at least one of the applicants must be 65 years of age and the other within five years of turning 65.

Once you are on the waiting list, if you receive an offer of housing and refuse it, you will need to reapply.

PLEASE CHOOSE WHICH TYPE(S) OF HOUSING YOU REQUIRE	
<input type="checkbox"/> Bachelor	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 2 Bedroom	
<input type="checkbox"/> 375 Country Street	<input type="checkbox"/> 411 Country Street
By selecting both buildings, you understand that you will be offered a unit in either building.	

APPLICANT INFORMATION (PLEASE PRINT)

Applicant(s) Name	Sex		Date of Birth mm/dd/yyyy
	M	F	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

CURRENT MAILING ADDRESS

 Street Address Apt # City/Town Postal Code

Home Phone: _____ Work Phone: _____

It is important that we are able to contact you quickly if a unit becomes available. Please notify us immediately if your information changes.

Does any member of your household require the following unit (a medical note is not required):

- Ground Floor (unable to use stairs if a power outage occurs and the elevator is not in service)
- Wheelchair Accessible

LANDLORD AND RESIDENTIAL HISTORY

Note: This section must be complete prior to application being accepted.

Present Landlord: _____

Landlord's Address: _____

Landlord's Phone Number: _____

How long have you lived at your present address? _____ (months) _____ (years)

Do you owe any money to any landlord? Yes No

Have you ever received an eviction notice? Yes No

If **YES**, please attach a copy of the eviction notice to this application.

PREVIOUS HISTORY: (Five-year period needed. If more space is required, write at bottom of application)

PREVIOUS ADDRESS (Street Address & Town)	LANDLORD (Name, Address, Phone #)	FROM dd/mm/yyyy	TO dd/mm/yyyy

Have you ever lived in subsidized housing: Yes No

If **YES**, please indicate name used: _____

Address of subsidized unit: _____

How long at this address: From: _____ To: _____
dd/mm/yyyy dd/mm/yyyy

Name & Address of Housing Provider: _____

ALTERNATE CONTACT

Whom may we contact if we are unable to reach you (please indicate whether the contact is a family member, friend, or social worker.)

Name: _____ Phone: _____

Address: _____ Relationship: _____

DECLARATION AND CONSENT
Here is your legal agreement with us. Please read it carefully and sign below.

- 1. I certify that the information provided on this form is true and complete.
- 2. I understand that a credit check and reference check may be done.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Please return to:
Christina Graham
Property Department
Carebridge Community Support
67 Industrial Drive, PO Box 610
Almonte, ON K0A 1A0

If you have any questions, please contact Christina at (613) 256-1031 ext. 262