

APPLICATION FOR MARKET HOUSING UNIT

Market Housing Program General Information:

- The District Municipality of Muskoka (the District) operates 89 market housing units in Bracebridge, Gravenhurst, Huntsville & MacTier.
- Tenants who enter into leases after January 1, 2018 will not be permitted to smoke in the rental unit.
- The amount of rent payable will be confirmed in any offer of accommodation you receive. Additionally, you may have to pay utilities directly to a supplier.
- Rents will increase once a year at the rate set annually by the Province of Ontario.
- All applicants must have residential status in Canada.
- A chronological waitlist will be maintained.
- The District may require applicants to have their health care provider fill out Request for Accessibility Accommodation form SH-908-2019-01 if they require a unit with physical accessibility. Modified Units provide varying degrees of accessibility features.
- The District requires that all tenants carry Tenant Insurance, and proof of this insurance must be provided before keys for a unit are released.
- It is a requirement that tenants are able to live independently. If support services are required, the tenant will be responsible for arranging and paying for those services.
- If mail sent to the applicant's address is returned, or phone numbers provided are not in service, this application will no longer be considered valid. Please be sure to notify Muskoka if your information changes, or if you no longer wish to be considered for housing.

Please return your completed application to The District Municipality of Muskoka:

Fax: 705-645-4272

Email: communityhousing@muskoka.on.ca

Mail: 70 Pine Street, Bracebridge, Ontario P1L 1N3

Drop Box:

70 Pine Street, Bracebridge, Ontario

141 Main Street, Gravenhurst, Ontario

1 King William Street, Unit 5, Huntsville, Ontario

For further information, please contact us at (705) 645-2412, ext. 4960.

Section 1 – PRIMARY CONTACT INFORMATION

Calls to offer housing are normally made during regular business hours. Please ensure that you provide us with a daytime number where you can be reached.

First Name	Middle Name	Family Name	
Street Address:		Apartment Number:	
City:	Province:	Postal Code	
Home Phone Number:		Cell Number	
Work number (if you wish us to contact you there) :			
E-Mail (if you wish us to contact you by email):			
Mailing address (if different from above address):			
Alternate contact names and daytime numbers (where we can leave a message):			
Name:	Relationship:	Phone Number:	
Do you need help reading documents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did someone assist with this application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide their information: Name: Phone Number: Relationship:			
May we contact them?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permission to discuss your application:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need modifications for accessibility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Contact Information (Name, Address, Phone Number)			

Section 2 - HOUSEHOLD INFORMATION

Please provide information about all adults and children who will live in the unit. You must provide documentation proving your legal status in Canada. *This section must be completed.*

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH	SEX M / F	STATUS IN CANADA (CANADIAN CITIZEN, LANDED IMMIGRANT, OR REFUGEE CLAIMANT)	SOCIAL INSURANCE NUMBER
	SELF				

Do all family members currently live with you?

Yes

No

If no, please explain:

Section 3 - PREVIOUS SOCIAL HOUSING INFORMATION

Have you or anyone you have listed in Section 2 ever lived in social housing anywhere in Ontario?

Yes No If yes, please give details below.

Name of person(s) who lived in social housing:

Name of Housing Provider or Landlords name and contact information:

Complete Street name, Apartment number and Town where you lived.

Date moved in:

Date moved out:

Reason(s) for moving out:

Does this person owe rental arrears to the above or to any other social housing provider?

Yes No

If yes, indicate amount owing: \$ _____

Have you entered into a repayment schedule?

Yes No

Attach additional sheets if necessary


OFFICE USE ONLY

Date Received:

Arrears:

Preferences:

Confirmation Sent:

Building Selection						Check ONLY white boxes		Number of Bedrooms √ Box to select choices			
Address	Town	Tenant Type	Building Type	Elevator		1 bedroom	2 bedroom	3 bedroom	4 bedroom		
TH = Townhouse APT = Apartment											
100 Oakwood Heights	Bracebridge	Senior	APT	√	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
200 Oakwood Heights	Bracebridge	Senior	APT	√	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
175 Lofty Pines Drive	Gravenhurst	Senior	APT	√	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
125 Lofty Pines Drive	Gravenhurst	Family	TH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
285 Ridge Road	Gravenhurst	ALL	TH		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2 Sabrina Park Drive	Huntsville	ALL	APT	√	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11 Yonge Street	MacTier	ALL	APT		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

LIST OF OTHER HOUSING PROVIDERS

Some providers have market rent units as well as rent-geared-to-income units. Please contact the provider directly to apply for one of their market unit.

Bethune Housing Co-op
220 Winewood Ave. East
Gravenhurst, ON P1P 1X6
Phone: 705 687-7305
Fax: 705 687-7305

Huntsville Legion Manor
c/o Bayshore Property Management
11 Ferris Lane Suite 101, P.O. Box 606
Barrie Ontario, L4M 5N6
Phone: 705 722-3700 or 1-888-919-0996
Fax: 705 722-6242

Trinity Non-Profit Housing Corp.
c/o Bayshore Property Management
11 Ferris Lane Suite 101, P.O. Box 606
Barrie Ontario, L4M 5N6
Phone: 705 722-3700 or 1-888-919-0996
Fax: 705 722-6242

RELEASE AND CONSENT

Here is your legal agreement with us. Please read it carefully, and sign in the spaces below. All household members 16 years of age and older must sign this release and consent.

1. I understand that there are laws that allow the District of Muskoka to collect personal information about me.
2. I understand that the District of Muskoka will use the information I give them to see if I qualify for the housing I have applied for.
3. I allow the District of Muskoka to give the information on this form and any attachments to the social services offices, other municipal service managers or district social services administration boards, housing providers, without further notice to me, if the information is necessary for the purpose of making decisions or verifying eligibility for assistance under the, the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997*, or the *Day Nurseries Act*.
4. I allow the District of Muskoka to give the information on this form and any attachments to the government of Canada, a department, ministry, or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*.
5. I allow the District of Muskoka to give the information on this form and any attachments to any government or body with whom the District of Muskoka has made an agreement, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing program.
6. I understand that any information on this form and any attachment given by the District of Muskoka to a body listed above is confidential and will only be given in accordance with associated regulations.
7. I give my word that everything I have written in this application is correct and complete.
8. I understand that all information I give to the District of Muskoka will belong to them and they will give my information to the housing providers I have chosen.
9. If something on this application is incorrect or not true, the District of Muskoka or the housing providers I have applied to may request additional information, may cancel my application or both.
10. I confirm that I am in Canada legally.
11. I understand that this application does not constitute an agreement on the part of the District of Muskoka or other Muskoka housing providers to provide me with rental accommodation.

If you have any questions about the collection and use of personal information, please contact:
DISTRICT MUNICIPALITY OF MUSKOKA, COMMUNITY SERVICES - HOUSING
70 PINE STREET, BRACEBRIDGE, ONTARIO, P1L 1N3 705 645-2412 ext. 4960

“Personal information contained in this form or in attachments is collected by the District of Muskoka pursuant to the *Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31.)* or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.M.56)*. This information may be used to determine eligibility for housing applied to, continuation of housing and may be used for the appropriate rent-g geared-to-income charge.”

I/We hereby authorize The District Municipality of Muskoka, to whom this application is submitted, to obtain credit information or other information as may be deemed necessary in connection with this application for housing. *All information will be kept strictly confidential*

Signature(s) of all household members over the age of 16 years.

X _____ X _____

X _____ X _____

Date: _____