

Expression of Interest Application

The Foundry, 7 Memorial Ave. Elmira

Note – this is a non-smoking building.



Quick Contact Information:

Your Name: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

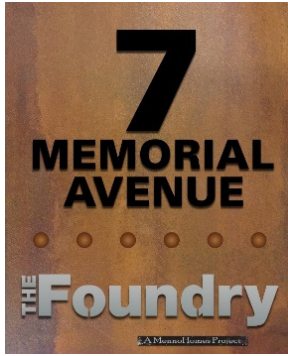
Please return completed Application to:

- **CITYCORP Management Inc.**

1D2 - 336 Eagle St. N. Cambridge, ON N3H 1C2

Phone: 519-653-1557

Email: jmp@citycorp.ca



This Expression of Interest Application is intended to provide initial information that will be helpful in maintaining our waiting list. A full application form will need to be completed when a rental unit becomes available to ensure the information provided is accurate and up-to-date. This application does not guarantee tenancy or priority on the waiting list. We strongly encourage you to also pursue other housing options including The Region of Waterloo’s consolidated waiting list. For more information, visit the “About Affordable Housing” page on our website at www.mennohome.com.

SECTION 1 – MAIN APPLICANT INFORMATION		
Name:		
Date of Birth: (Month/Day/Year)		
Current Address:		Unit #:
City:	Province:	Postal Code:
Home Phone:		Cell Phone:
E-mail:		

SECTION 2 – CO-APPLICANT INFORMATION (a spouse is a co-applicant, not a dependent)
Name:
Date of Birth: (Month/Day/Year)
Cell Phone:
E-mail:

SECTION 3 – ACCOMMODATION REQUIREMENTS

Note – MennoHomes does not provide support services. If a member of your household needs support services, you will need to set them up directly with a support agency.

Which type of unit are you applying for?

- 1 bedroom 671 to 704 sq.ft., rents vary, contact property manager for current rent
- 2 bedroom 811 to 946 sq.ft. rents vary, contact property manager for current rent
- 3 bedroom 1,154 sq.ft ,ground floor with shared yard, contact property manager for current rent

Some units have a step-in shower. Do you prefer this? Yes No

Do you require this? Yes No

Some units have larger barrier-free washrooms. Do you prefer this? Yes No

Do you require this? Yes No

Do you require an accessible parking space? Yes No

Are you applying for an additional bedroom for a child for whom you have joint custody or regularly scheduled overnight visits, or who is in the care of Family and Children's Services? Yes No

If **yes**, your custody agreement, court order or statutory declaration or a letter from Family and Children's Services will need to be provided with the full application.

Are you applying for an additional bedroom, for: Yes No

a) a caregiver – a person who will reside full time in the household for the purpose of providing daily or overnight support to a member of the household, but is not a relative and will not be included in the lease?

b) the storage of assistive devices required due to a disability or medical equipment required for a serious medical condition? Yes No

c) a separate bedroom for a spouse because of a significant disability or serious medical condition? Yes No

SECTION 4 – DECLARATION AND CONSENT

I understand:

1. The information I give on this Application shall be true, accurate, and complete. If not, my Application may be cancelled.
2. **This Application is for qualification purposes only and does not ensure approval of tenancy. A full and complete application must be completed if an offer to rent is presented to me.**
3. I must provide any supporting material or documents needed by MennoHomes or its representative(s).
4. The applicant and co-applicant must sign the application form.
5. If my application is approved, I will also need to review and sign additional documents including a Tenancy Agreement, Income Certification Form, Decorating Acknowledgement Form, Personal Information Consent Form, Incoming Inspections Form, and Rules and Regulations Form.

Consent and Authorization

All persons who sign this Application consent to the exchange of personal information between MennoHomes and any relevant persons, housing providers, social agencies, or institutions for the purpose of verifying the information supplied in this Application for determining eligibility for housing.

All persons who sign this Application and who receive Ontario Works (OW) or Ontario Disability Support Program (ODSP) assistance or child care subsidy consent to the exchange of personal information between the MennoHomes and OW, ODSP or child care subsidy offices for the purpose of verifying eligibility.

Date: _____

Applicant	
1	Signature
	Print Name

Co-Applicant	
2	Signature
	Print Name