



St. Thomas–Elgin Social Services
Application for Market Rent Housing



ADDRESS OF PROPERTY TENANT IS APPLYING TO RENT:

5 William Street, St. Thomas, Ontario: 1 Bedroom _____ 2 Bedroom _____

Applicant Information:

Applicant Full Name _____ Date of Birth _____

Present Address _____

Present Phone Number _____ Length of Time at Present Address _____

Email Address _____

Preferred form of Contact: Email _____ Phone _____ Text _____

Present/Most Recent Landlord's Name _____

Present/Most Recent Landlord's Telephone or Email _____

Rent \$ _____ Utilities Costs \$ _____

Reason for Moving _____

Co-applicant Information: (if applicable)

Full Name _____ Date of Birth _____

Other Occupants:

Full Name _____ Date of Birth _____

Full Name _____ Date of Birth _____

Parking:

Due to limited parking, **One** parking space may be available. Do you require parking? _____

Make _____ Model _____ Year _____ Licence Plate _____

Pets:

Do you have pets? _____

Type _____ How many _____ Type _____ How many _____

List All Sources of Income:

Applicant/Co-applicant Name	Full Name of Employer/ Type of Income	Phone	Length of Employment	Net Monthly Amount

References (other than relatives):

Name of Reference	Phone Number	Address

CONSENT & DECLARATION

I/We understand and acknowledge that this building is a Non Smoking building, and I understand that Smoking/Vaping is will not permitted.

I/We consent to the City of St. Thomas performing a credit check on each applicant solely in connection with reviewing this application for rental housing and

I/We consent to the City of St. Thomas contacting past landlords, current and previous employers, and personal references listed on this application solely in connection with reviewing this application for rental housing

I/We declare that all information provided on this application is true and correct.

I/We understand and acknowledge that this application is not a Rental or Lease Agreement and that this application for rental housing may not be accepted.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____