



**Peel Living**  
10 Peel Centre Drive, Suite `B`,  
PO Box 2800, Stn. `B`  
Brampton ON L6T0E7  
905-453-2500 FAX:905-453-2501

**Market Rental Application**

Mayfield Seniors Apartments  
SMOKE FREE Building and Property

Applicant

Surname

First NameMiddle Name

Date of Birth  
Yr. Mo. Day

Gender  
☐ M ☐ F ☐ Other

Phone Numbers  
Home Bus Ext.

Can you take personal calls?  
☐ Yes ☐ No

Marital Status

Email address

Address

Apt No. City Postal Code

Previous Address

Apt No. City Postal Code

Co-Applicant

Surname

First NameMiddle Name

Date of Birth  
Yr. Mo. Day

Gender  
☐ M ☐ F ☐ Other

Phone Numbers  
Home Bus Ext.

Can you take personal calls?  
☐ Yes ☐ No

Marital Status

Email address

Address

Apt No. City Postal Code

Previous Address

Apt No. City Postal Code

Who can we contact if we cannot reach you or your co-applicant?

Name

Relationship

Telephone  
Home Bus

Other Household Members (Include only those who will live with you)

SurnameFirst NameMiddle Name

Gender  
☐ M ☐ F ☐ Other

Date of Birth  
Yr. Mo. Day

Relationship

Student  
☐ Yes ☐ No

SurnameFirst NameMiddle Name

Gender  
☐ M ☐ F ☐ Other

Date of Birth  
Yr. Mo. Day

Relationship

Student  
☐ Yes ☐ No

SurnameFirst NameMiddle Name

Gender  
☐ M ☐ F ☐ Other

Date of Birth  
Yr. Mo. Day

Relationship

Student  
☐ Yes ☐ No

SurnameFirst NameMiddle Name

Gender  
☐ M ☐ F ☐ Other

Date of Birth  
Yr. Mo. Day

Relationship

Student  
☐ Yes ☐ No

SurnameFirst NameMiddle Name

Gender  
☐ F ☐ M ☐ Other

Date of Birth  
Yr. Mo. Day

Relationship

Student  
☐ Yes ☐ No

If more household members attach separate sheet.

Please select the bedroom size you are requesting

☐ 1 ☐ 2

Do you require an accessible unit?

☐ Yes ☐ No

Have you or anyone in your household lived in any government assisted housing?

☐ Yes ☐ No

Move in Date  
Yr. Mo. Day

Address

Name used on application

\*Please note that this is a SMOKE FREE building and property.

V-08-103 18/10



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**Household Monthly Income**

Total Monthly Income **before** deductions received **by all family members** who will live in the accommodation.  
Examples of income include:

- gross salary from employment earnings plus overtime;
- gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- gross amount of Ontario Works, Ontario Disability Support Program payments.

Total Monthly Income		Source of Income	
Applicant	\$ _____	_____	_____
Co-applicant	\$ _____	_____	_____
Other Family Members	\$ _____	_____	_____
<b>Total</b>	<b>\$ _____</b>		

Applicant's Employer	Address	Date Employed			
		From		To	
		Yr.	Mo.	Yr.	Mo.
Co-applicant's Employer	Address	Date Employed			
		From		To	
		Yr.	Mo.	Yr.	Mo.

**Parking Requirements**                      Number of spots \_\_\_\_\_

**Declaration and Consent**

**I make the following representations and warranties knowing that they will be relied on by The Region of Peel to assess my eligibility for rental accommodation and to establish rent:**

- The information given in this form is accurate and complete;
- I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
- I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members of my family approved by the landlord.

**I give my consent and authorization to The Region of Peel**

- to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to The Region of Peel;
- to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date \_\_\_\_\_ ☐ I understand that this is a SMOKE FREE building and property.

Applicant's Signature \_\_\_\_\_ Spouse's/Co-applicant's Signature \_\_\_\_\_

**Notice with Respect to the Collection and Use of Personal Information**

Personal information collected by Peel Housing Corporation, operating as Peel Living, will be retained, used, disclosed and disposed of in accordance with all applicable federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information. Personal information is collected under the authority of the Housing Services Act 2011 and the Residential Tenancies Act, 2006. In accordance with the Human Rights Code, 1981, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, gender identity, gender expression, sexual orientation age, marital status, or the receipt of public assistance. Questions or concerns about the collection, use or disclosure of Personal Information, should be directed to The Regional Municipal of Peel, Human Services Department, Supervisor, Document Services, 10 Peel, Suite B, PO Box 2604, Stn B, Brampton, Ontario L6T 0E4, (905) 791-7800, extension. 3645