

# Rideau Non-Profit Housing Inc.

5581 Dr. Leach Drive-#217  
Manotick, Ontario  
K4M 1J6

613-692-4421

[rideauhousing@bellnet.ca](mailto:rideauhousing@bellnet.ca)

Dear Applicant,

Thank you for applying to Hyfield Place, a Senior's apartment building run by Rideau Non Profit Housing Inc., 5581 Dr Leach Drive, Manotick, Ontario.

Since Hyfield is a Senior's building, we require at least one of the applicants to be age 65 or older in order for it to be considered.

Hyfield is a mixture of Rent Geared to Income (RGI) Housing and Market Rate Housing. This application is for a Market-rate unit. Should you also wish to apply for a RGI unit, please contact the Social Housing Registry of Ottawa at 613-526-2088 for information and application forms.

Note: Hyfield Place is in the process of becoming a smoke-free building. All new tenants will be subject to a non-smoking clause in their lease.

If your Application is rejected for any reason you will be notified. If approved, you will be allotted a place on the Waiting List.

**Please fill out the application form as fully as possible as it will help the tenant selection committee with their management of the waiting list.**

Mail or deliver the completed application to:  
Rideau Non Profit Housing Inc.  
5581 Dr. Leach Drive #217  
Manotick, ON  
K4M 1J6

Normal Office Hours-Monday through Thursday-8:00am to 11:00am

Name in full					Date of Birth			
Current Address								
Street # and Name			Apt. #	City/Town/Municipality			Postal Code	
Home Telephone Number		Have you resided for the past 12 months in Ontario <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex (M/F)	Marital Status		Are you: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant	
Co-applicant (second person to reside in unit)					Date of Birth			
Current Address								
Street # and Name			Apt. #	City/Town/Municipality			Postal Code	
Home Telephone Number		Date of Birth		Relationship to Applicant		Are you: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant		
Previous two addresses							From:	To:
1:								
2:								
Have you applied for subsidized housing as well?								
Reason for seeking accommodation in Hyfield Place Senior Apartments (Check all that apply)								
Rent too high	Notice to Vacate	Distance from shopping	Distance from public transit	Difficulty with stairs	Overcrowded or noisy	Unable to maintain current home	Living Alone	Living with relatives
Present Accommodation (check one below)					Expiry Date of lease (if applicable)			
Own home	Rent House	Room only	Apartment	Board with relatives	Mobile home/trailer	Approximate age of home		
Do you have your own bathroom?					Current Rent:			
Do you have your own kitchen?					Current # of Bedrooms:			
Present Landlord:								
Name			Address			Telephone number		
Current Monthly Income:								

Health Factors		
Do you have a health problem? If yes, please give brief details	Applicant:	Co-Applicant:
Do you have a disability?	Applicant:	Co-Applicant:
How long have you resided in Rideau Township or the Manotick Area?	Do you drive your own car?	Are you the sole next-of-kin of a resident of this area? <input type="checkbox"/> No <input type="checkbox"/> Yes Relationship:
<b>Additional Comments, if any. These should include other specific information of assistance to the Tenant Selection Committee. If your present accommodation is substandard, please give details. List any groups you belong to and your interests.</b>		
<b>Additional Contact (In case a unit is available and there is no answer at your number):</b>		

Declaration:

I declare the above information to be correct.

I understand that this Application does NOT constitute an agreement by the Landlord to provide me with rental accommodation. I acknowledge that this application becomes the property of the Landlord on its delivery, where it will be held in Confidence.

I further acknowledge the right of the Landlord or its agent at any time prior to the delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty of liability for damages otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the Landlord to make such enquiries as may be deemed necessary to verify the facts stated in this application.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Applicant:

\_\_\_\_\_  
Co-Applicant

***Note: Please keep the office notified of any change in your address or telephone number***