



**City of Brantford Housing Services Department
Rent Supplement Program Application form**

Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56 (“MFIPPA”) and the Personal Information Protection and Electronic Documents Act, S.C. 2000, c.5 (“PIPEDA”). The personal information will be used to determine the suitability of rental units offered by owners. Personal information may be disclosed to other municipal/provincial and federal departments and agencies (collectively “third parties”) who assist in the provision of affordable housing.

The Owner and/or Managing Agent represent and warrant that: (a) they shall preserve the PIPEDA compliance of all PIPEDA protected information transferred to them by third parties; (b) they shall ensure the PIPEDA compliance of all PIPEDA protected information collected by them in the course of performing their contractual obligations; and (c) they shall ensure the PIPEDA compliance of PIPEDA protected information they transfer to third parties.

To be completed by Owner/Landlord OWNER/LANDLORD	
Name:	Phone:
Email:	
Address:	Municipality:
Managing Agent (if applicable)	
Name:	Phone:
Email:	
Address:	Municipality:
Owner/Landlord confirms that Rent Supplement Agreement will be executed between City of Brantford Housing and	
OWNER/LANDLORD _____	Managing Agent _____



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Direct Deposit of Subsidy: All owner/landlords participating in the Rent Supplement Program must have their monthly subsidy payment deposited directly into their bank account. Please check box to agree to direct deposit of subsidy.			CHECK: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 10px auto;"></div>	
Building Location: Address: _____ Contact for Building Inspection: _____ Phone: _____ Email: _____			Municipality:	
Building Type:				
Single/Detached <input type="checkbox"/> Non-self contained <input type="checkbox"/>	Semi-detached <input type="checkbox"/> Apartment (elevator) <input type="checkbox"/>	Condominium <input type="checkbox"/> Apartment (walk-up) <input type="checkbox"/>	Duplex <input type="checkbox"/> Row Housing <input type="checkbox"/>	Triplex <input type="checkbox"/> Row Housing/stacked <input type="checkbox"/>
Number of Stories:		Year Built:	Number of Units in Building:	
Units Available	Floor Area Sq. ft.	Number of Units Offered		Monthly Rent
		Regular	Modified **	
1-Bedroom				
2-Bedroom				
3-Bedroom				
4-Bedroom				
** Describe Unit Modifications:				
Please specify if the following are included as part of the rent:		Included:	Not Included	Additional Charges:
	Heating (method):			
	Hot Water			
	Water			
	Hydro			
	Refrigerator			
	Stove			
	Washer/Dryer			\$
Television Service	Master Antenna			\$
	Cable TV			\$
Parking	Indoor			\$
	Outdoor			\$
Other (Specify)				\$



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Do you have a pet policy in place? _____ YES _____ NO

If you selected yes to the above, please describe your policy;

Does your building have a "no smoking" policy: _____ YES _____ NO

If you selected yes to the above, please describe your policy:

Authorized Signature & Title:

Date: