

APPLICATION FOR RENTAL UNIT MEMBERSHIP IN QUEEN'S UNIVERSITY LANDLORD CONTRACT PROGRAM

Community Housing
169 University Ave
Kingston ON K7L 3N6

community.housing@queensu.ca; Phone 613.533.2501; Fax 613.533.2196



This form is an application to register a rental unit for inclusion in the Queen's University Landlord Contract Program. For more information please visit <http://listingservice.housing.queensu.ca/index.php/publisher/articleview/frmArticleID/51/>

A non-refundable \$20 processing fee per unit is required on submission of this application. Applications for new unit membership or lapsed units membership must be submitted with either a) completed tenant consent forms or; b) notice of termination from current tenants. Agreements will not be back dated; all paperwork must be received and completed prior to the start date of the Agreement. Submission of this application does not create a contractual relationship between the University and the Landlord, nor does it guarantee that the unit will be entered into the Queen's University Landlord Contract Program (ie. applications are subject to approval and deadlines). Please allow a minimum of 2 (two) weeks for processing.

If requesting "review for inspection holiday" after 5 consecutive years of unit membership, no lapses in the program, **section 2 is not required to be completed at this time. Otherwise, please have your chosen OAPSO Certified Property Standards Officer complete Section 2 (Certificate of Compliance) when the unit passes inspection.** The completed form should then be returned by the Landlord/Owner to our office as soon as possible after receiving a pass from the inspector. Where approval is granted for an inspection holiday, inspections will only be required every other year. Application for membership, applicable tenant forms and \$20 non-refundable fee still applies.

SECTION 1 - OWNER / RENTAL UNIT INFORMATION - to be completed by landlord/property manager

Owner Information (please print)

First Name	Last Name	Email	Phone #	Cell Phone #
Mailing Address			City / Province	Postal Code

Property Manager Information if applicable (please print)

First Name	Last Name	Email	Phone #	Cell Phone #
Mailing Address			City / Province	Postal Code

Unit Information

Unit/Apartment #	Street Number	Street Name	City
Postal Code	Total Lawful Mthly Rent on date of Inspection	Name shown as Landlord on lease with Tenants	Is This Unit Currently in the LCP?

Typical Lease Start date (check one only):

May 1
 July 1
 September 1
 Other: _____

Request review for "Inspection Holiday"
 Approved
 Denied

Person who Approved/Denied	Date Approved/Denied
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Please indicate how you would like us to send the prepared contracts to you for signing (please check one only):

Email to: _____
 Phone for pick up: _____
 Regular Mail

SECTION 2 - CERTIFICATE OF COMPLIANCE - to be completed by OAPSO Certified Property Standards Officer

I, the undersigned, confirm that I am an OAPSO Certified Property Standards Officer and have inspected the unit described above for compliance with the City of Kingston Property Standards By-Law. I certify that I have found the unit described above to meet the requirements of the City of Kingston Property Standards By-Law as of the 'Date Unit Passed Inspection' shown below.

Legal # of Bedrooms	Unit Vacant? (Y/N)	CPSO First Name	CPSO Last Name	CPSO Cell #	CPSO Phone #
CPSO Email		CPSO Mailing Address		City / Province	Postal Code
Date Unit Passed Inspection			Signature of CPSO		Date this form is signed

PROTECTION OF PRIVACY: Community Housing is committed to protecting the privacy of the personal information you provide. Personal information you provide is only used for the stated purpose and will only be released in accordance with the Freedom of Information and Protection of Privacy Act. Information collected from this form will be used to administer the Queen's Landlord Contract Program, for uses consistent with that purpose and for rental market analysis by Queen's University. Direct questions expressly related to the collection and use of this information to: Associate Director (Housing & Hospitality Services), 169 University Avenue, Kingston, ON, K7L 3N6, 613.533.2501.

Office Use Only

Received: ____/____/____ Entered on LCP Spreadsheet: ____/____/____ M.O.P.: Cash Debit Visa MasterCard
 MM DD YYYY MM DD YYYY

Received by: _____