



# Residential Rental Housing Change of Ownership Form

## Rental Property Information

<b>Municipal Address of Rental Unit</b>		<b>Original Owner(s) Name (s):</b>																					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Type of Rental Unit</td> <td style="width: 25%; border: none;">No of Bedrooms</td> <td style="width: 25%; border: none;">No of Bedrooms</td> <td style="width: 25%; border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Single Detached</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Double Duplex</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Semi-Detached</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Multiple Dwellings</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Duplex</td> <td style="border: none;">_____</td> <td style="border: none;"><input type="checkbox"/> Townhouse</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Triplex</td> <td style="border: none;">_____</td> <td></td> <td></td> </tr> </table>				Type of Rental Unit	No of Bedrooms	No of Bedrooms		<input type="checkbox"/> Single Detached	_____	<input type="checkbox"/> Double Duplex	_____	<input type="checkbox"/> Semi-Detached	_____	<input type="checkbox"/> Multiple Dwellings	_____	<input type="checkbox"/> Duplex	_____	<input type="checkbox"/> Townhouse	_____	<input type="checkbox"/> Triplex	_____		
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## Property Owner Information – as shown on the Transfer/Deed (Please Print)

Owner's name (or Corporation's name)		Business Operating Name (if applicable)	
Owner's full mailing address (street name and number, city, province and postal code)			
Business Telephone and Ext	Fax Number	Cell Phone Number	Email Address

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## Property Manager's Information - if applicable

Property Manager's Name and Surname (Please Print)		Business Operating Name (if applicable)	
Property Manager's full mailing address (street name and number, city, province and postal code)			
Business Telephone and Ext	Fax Number	Cell Phone Number	Email Address

# Declaration

I/We, \_\_\_\_\_, the undersigned, declare/affirm as follows, that:

- a) I/We am/are the registered owner(s) of the property;
- b) Having reviewed the original application I/we certify that no changes have been made to the floor plan(s) and parking plan which were submitted with the original application;
- c) Having reviewed the original application I/we certify that I/we will comply with the maintenance plan submitted with the original application;
- d) I/We have read Section 7 of By-Law No. 2012-55 and certify that the rental unit conforms with Section 7 of By-Law No. 2012-55;
- e) The statements herein contained in the Change of Ownership and attached documents are true;
- f) The statements herein contained in the Change of Ownership and attached documents are made with a full knowledge of the circumstances connected with the same; and
- g) I/We have read the declaration and notice contained below.

The issuance of the licence is not intended and shall not be construed as permission or consent by The Corporation of the City of North Bay for the holder of the licence to contravene or fail to observe or comply with any federal, provincial or municipal legislation.

Declared/Affirmed before me  
at the City of North Bay, in  
the District of Nipissing,  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
A Commissioner for Taking  
Affidavits, etc.

**\*\* Please Be Advised That, In The Event That The Licence For This Property Is Re-Issued, The Licence Shall Only Be Valid For The Period Of Time For Which It Was Originally Issued\*\***

## Required Documents

The following documents must be attached to this Change of Ownership Form. **All costs incurred for obtaining any of the required documents will be the sole responsibility of the Applicant.**

- Copy of Transfer/Deed
- Copy of Rental Insurance (Minimum \$2,000,000.00 per occurrence)
- Copy of all written Leases relating to this rental property

**Residential Rental Housing  
Change of Ownership  
Authorization**

**1. Consent of the Owner to the Use and Disclosure of  
Personal Information**

I/We \_\_\_\_\_, am/are the owner(s) of the land that is the subject of this application and I/we authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the *Municipal Freedom of Information and Protection of Privacy Act* for the purposes of processing this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

**If ALL Owner(s) of the Property cannot be present when the application is submitted, ALL of the Owner(s) must complete Sections 2 and 3, to authorize an Agent to make this application on their behalf.**

**2. Consent of Owner for Agent to Make the application**

I/We \_\_\_\_\_, am/are the owner(s) of the land that is the subject of this application and I/we authorize \_\_\_\_\_ to make this application on my/our behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

**3. Consent of the Owner for Agent to Provide Personal Information**

I/We \_\_\_\_\_, am/are the owner(s) of the land that is the subject of this application and for the purpose of the *Municipal Freedom of Information and Protection of Privacy Act*; I/we authorize \_\_\_\_\_ as my/our agent for this application, to provide any of my/our personal information that will be included in this application or collected during the processing of the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

**4. Consent of the Agent to the Use and Disclosure of  
Personal Information**

I/We \_\_\_\_\_, am/are the agents(s) of the land that is the subject of this application and I/we authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the *Municipal Freedom of Information and Protection of Privacy Act* for the purposes of processing this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent