

For Internal Use Only

CATEGORY:

- Commercial

- Below the Market Rent



Toronto Community Housing Corporation (TCHC) Exclusive Use of Commercial Space Application Form

This form is for applicants interested in using commercial space exclusively in one of TCHC's communities. It is for agency applicants who are the sole occupant for a defined period of time to provide programs and services that benefit tenants, which support TCHC's strategic priorities as outlined in our Strategic Plan.

If you require assistance completing this form, please contact the local **Community Service Coordinator**.

Please fill out **all** sections of the form and attach all required information. We will be unable to process your application if it is incomplete.

Thank you for your interest in Toronto Community Housing Corporation's commercial spaces. Please note that in completing this application, we ask you to answer a number of questions regarding your group/organization and the programming/services you intend to provide, should you be granted use of TCHC space.

- ✓ Ensuring that the practices of your group or organization are compliant with TCHC policies and procedures;
- ✓ Ensuring that the practices of your group or organization are compliant with governing legislation; and
- ✓ Identifying what programs/services are being provided to which of our tenants. This information then allows us to identify gaps in programs/services and TCHC communities which may be underserved.

In determining whether your application for use of space will be approved, TCHC's decision will be guided by the following factors:

- ✓ Availability of space;
- ✓ Alignment with community needs and priorities;
- ✓ Alignment with TCHC priorities and policies.

The answers you provide will help us to properly apply our guiding factors to your application.

SECTION A - APPLICANT INFORMATION

Business Name:

Primary Contact Person:

Title:

Date of Birth:

Phone:

Email:

1. Business Information:

Principal Office Address:

City:

Province:

Postal Code:

Date Established:

Number of Employees:

Website (if applicable):

Parent Business Name:

Parent Business Address:

GST Number:

2. Business Structure:

Sole Proprietor

Partnership

Corporation

3. Type of Business:

Food

Retail

Arts, Entertainment and Recreation

Educational Services

- Healthcare and Social Assistance
- Finance and Insurance
- Professional, Scientific and Technical Services
- Information
- Other, please specify:

4. Business Owner

Owner/Principal:

Ownership Percentage:

Title:

Driver's License Number:

2nd Owner/Principal:

Ownership Percentage:

Title:

Driver's License Number:

5. Lease Guarantee

Names(s) of the Persons(s) that will Guarantee the Lease:

Person 1:

Person 2:

6. Rental History

Present address:

Monthly Payment:

Present Landlord Name:

Present Landlord Address:

How long at previous address:

Monthly Payment:

Previous Landlord Name:

Previous Landlord Address:

7. Current Monthly Revenue

Gross Revenue:

Total Expenses:

8. Has your agency leased or licensed space from TCHC before?

Yes – Address:

No

If 'yes', when was the space leased or licensed?

Currently leasing space

Less than 1 year ago

1-2 years ago

3-5 years ago

6+ years ago

9. Does your agency have any current partnership, lease, license or use of space agreement(s) with TCHC?

Yes – Please attach a copy of the agreement(s).

No

10. What types of program/service will your agency provide in the space?

(Please check at least 1 and all that apply)

Child Care

Community Development

Children's Services

Clothing Services

Counseling Services

Cultural Services

Employment & Training Services

- Education Services
- Food Services
- Health Services
- Health and Wellness Services
- Home Support Services
- Housing - Supportive
- Information and Referral
- Immigrant and Settlement Services
- Legal Services
- Shelter Services
- Social & Recreation Services
- Other:

11. What communities does your program/service serve? (Please check all that apply)

- Gender-specific
- Newcomers to Canada
- LGBTQ
- Persons with physical disabilities
- Persons with cognitive disabilities
- Persons with mental health illnesses
- BIPOC (Black, Indigenous, and People of Colour)
- Children (ages 0-12)
- Youth (ages 13-17)
- Adults (ages 18+)
- Seniors (ages 59+)

Other _____

12. Will your program/service require the use of parking spots?*

Yes – Please visit *Parking section* under *Doing Business* section at www.torontohousing.ca

No

13. What percentage of participants in your agency's program/service do you expect to be TCHC tenants?

100%

80% - 99%

60% - 70%

50% - 60%

40% - 50%

30% - 40%

Less than 30 %

0%

14. How will your program/service benefit TCHC tenants in the community?

15. How will your agency encourage TCHC tenants to participate in your program/service? Please outline specific actions that will be taken.

SECTION B - BANK INFORMATION

Banking Institution:

Address:

Phone:

Account Number:

Type: Checking Saving

If you bank with more than one institution, please list the second bank below.

Banking Institution:

Address:

Phone:

Account Number:

Type: Checking Saving

SECTION C – CREDIT REFERENCES

1. List industry references from which you make purchases through credit accounts.

Company Name:

Contact Name:

Address:

Phone:

Email:

Company Name:

Contact Name:

Address:

Phone:

Email:

Company Name:

Contact Name:

Address:

Phone:

Email:



2. Credit Check Authorization

I certify that the information provided is true, accurate, and complete. I authorize the individual or organization to whom this application is submitted to investigate all bank, credit and trade references named in this application, and to obtain information about the credit status of the applicant in order to assess the applicant's suitability as a tenant/lessee.

Authorized Signature:

Date:

Authorized Signature:

Date:

SECTION D – LANDLORD INFORMATION

1. Landlord

Landlord/Lessor:

Landlord's Address:

2. Property Information

All monetary values are expressed in Canadian Dollars.

Rental Property Address:

Application to rent suite number:

Tenant's leased area (square feet):

Anticipated Possession Date:

The term of the tenancy will be: until

The base rent will be:

Tenant's proportionate share of operating cost:

The initial security deposit will be:

No advance rent will be required: Yes No, please specify
amount:

I certify that the answers I have given to the above questions are true and complete to the best of my knowledge.

Applicant's Signature:

Print Name:

Date:

Notice of Collection:

The personal information collected on this form is collected under s. 28(2) the Municipal Freedom of Information and Protection of Privacy Act. The information collected will be used for processing Use of Space applications. If you have questions regarding the collection of information on this form, please contact the Strategic Service Partnerships and Compliance at 416-981-5051 or useofspace@torontohousing.ca.

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IMPORTANT:

Before submitting this application, please ensure that:

1. The application is complete, and
2. All required documentation is included with the application.

We encourage you to get in touch with the local Community Service Coordinator to discuss your agency's application. They will be able to provide you with guidance prior to submission.

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APPLICATION CHECKLIST

Your application must include:

- Commercial Use of Space Application Form
- A copy of audited financial statements from the last three years
- A copy of the most recent Articles of Incorporation
- Certificate of Insurance (The policy must be for a minimum of \$5,000,000 per incident and must include TCHC as an Additional Insured)

Depending on the type of services provided, Professional errors and omissions insurance ("E&O") with limits of not less than Two Million Dollars (\$2,000,000) per occurrence may be required

TCHC does not cover damage to property or content loss as a result of the services being run within the space

- Funding Agreement (if your agency has received funding from any foundation or government partner for the program/service provided)

WHAT HAPPENS NEXT?

Your application will be reviewed by our Community Safety and Support, Strategic Service Partnerships and Compliance, Risk Management and Insurance, and Commercial Business Unit.

Once the review is complete, you will receive notification that the application (i) is approved, (ii) is denied, or (iii) requires further information.

If your application is approved, your agency will be required to enter into a lease with TCHC. Thank You!