

**Section 1 - Applicant****Primary Details**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Student  Yes  No

Name of School \_\_\_\_\_

**Current Address**

Street No. and Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Mailing Address (if different than current address)**

Street No. and Name \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Telephone Numbers**

Home \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work \_\_\_\_\_

Cellular \_\_\_\_\_

If No, where can we contact you? \_\_\_\_\_

**Present Accommodation**Home Information  Own  Rent  Temporary  Homeless  Shelter  Boarder

Monthly Housing Expenses: Please include monthly mortgage payment or monthly rent and average monthly electricity, water, heating fuel and taxes, as applicable. \$ \_\_\_\_\_

**Current Landlord Information**

(Please leave this section blank if you reside in your own home or are homeless)

Landlord Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Length of Tenancy (Months) \_\_\_\_\_

Have you received an eviction notice?  Yes  No Eviction Date \_\_\_\_\_

Eviction Reason \_\_\_\_\_

**Persons to contact in your absence****FOR EMERGENCIES (different address)**

Name Relationship Telephone Number

Name	Relationship	Telephone Number

**Section 2 - Co-Applicants / Other Members**

Leaseholder  Yes  No Relationship to Applicant \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Marital Status  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex  Male  Female

Social Insurance Number (SIN) \_\_\_\_\_

Student  Yes  No Name of School \_\_\_\_\_

Status in Canada  Canadian Citizen  Landed Immigrant  
 Other Specify if Other \_\_\_\_\_

Leaseholder  Yes  No Relationship to Applicant \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Marital Status  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex  Male  Female

Social Insurance Number (SIN) \_\_\_\_\_

Student  Yes  No Name of School \_\_\_\_\_

Status in Canada  Canadian Citizen  Landed Immigrant  
 Other Specify if Other \_\_\_\_\_

Leaseholder  Yes  No Relationship to Applicant \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Marital Status  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex  Male  Female

Social Insurance Number (SIN) \_\_\_\_\_

Student  Yes  No Name of School \_\_\_\_\_

Status in Canada  Canadian Citizen  Landed Immigrant  
 Other Specify if Other \_\_\_\_\_

Leaseholder  Yes  No Relationship to Applicant \_\_\_\_\_

Salutation  Mr.  Mrs.  Ms.  Miss

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Marital Status  Single  Divorced  Common Law  Married  Widowed  Other

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex  Male  Female

Social Insurance Number (SIN) \_\_\_\_\_

Student  Yes  No Name of School \_\_\_\_\_

Status in Canada  Canadian Citizen  Landed Immigrant  
 Other Specify if Other \_\_\_\_\_

Other pertinent information

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**Section 3 - Previous Tenancy**

**Please specify previous 3 tenancies or previous tenancies up to 3 years for Applicant and Co-Applicant(s), whichever is longer:**

Have you ever been a tenant in:					
Public Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rent Supplement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Profit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooperatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Other, specify		

Applicant/ Co-Applicant	Occupancy From (MM/YY)
Address Line 1 Address	Occupancy To (MM/YY)
Line 2 City	Landlord Name Landlord
Province, Postal Code	Phone No.
Country	

Applicant/Co-Applicant	Occupancy From (MM/YY)
Address Line 1 Address	Occupancy To (MM/YY)
Line 2 City	Landlord Name Landlord
Province, Postal Code	Phone No.
Country	

Applicant/Co-Applicant	Occupancy From (MM/YY)
Address Line 1 Address	Occupancy To (MM/YY)
Line 2 City	Landlord Name Landlord
Province, Postal Code	Phone No.
Country	

**CURRENT EMPLOYMENT**

Company \_\_\_\_\_

Job Title and description \_\_\_\_\_  
 \_\_\_\_\_

With company since: \_\_\_\_\_

**Immediate superior**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Job Title \_\_\_\_\_

**Section 4 - Income statement of all MONTHLY income BEFORE deductions received by all persons/family members to live in the accommodation**

**DETAILS ABOUT YOUR INCOME ARE ONLY REQUIRED IF YOU'RE APPLYING FOR HNS AFFORDABLE UNITS.**

<b>Applicant Last Name ---- &gt;</b>				
<b>Applicant First Name --&gt;</b>				
<b>Income Categories</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>	<b>\$ Amount</b>
Alimony/Child Support				
Capital Gains				
Canada Pension Plan Disability				
Canada Pension Plan Other				
Dividends				
Employment Insurance				
Employment Income				
Foster Child Payments				
Gratuities				
Immigrant Sponsorship				
Human Resource Development Canada				
Interest				
Old Age Security/Guar. Income Supp./Spouse Allow.				
Other Country Social Security				
Other Income				
Other Pension				
Rental Income				
RRSP/RIF				
Social Assistance				
Student Loan				
Workers Compensation				
Veteran Pensions & Allowance				
Total Income for member: \$				

**Total Income for the household per month: \$ \_\_\_\_\_**

**Declaration and Consent: Please read and sign this statement:**

I/We declare that the information provided in the application form is correct and complete.

I/We understand that falsification of any or all information provided by me/us may be cause for the cancellation of the application.

I/We understand that it is my/our responsibility to advise the Housing Authority of any changes to the information given in this application and to provide any supporting materials required for my/our application.

I/We authorize the Housing Authority or its representatives to make inquiries that are necessary to verify the information submitted in this application.

I/We authorize the Housing Authority to receive and exchange information with my/our current and previous landlord(s).

Applicant's Signature \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Application Date \_\_\_\_\_