**INSTRUCTIONS:**

1. Complete All Sections Below. 2. Please Print All Information in Ink.

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLYING FOR:** | **LOCATION:** |  |  |
| [ ]  Bachelor | [ ]  Ashgrove - 140 Bridge | [ ]  Cherniak - 120 Oak | [ ]  Riggs - 4365 Wyandotte St. E. |
| [ ]  1 Bdrm. | [ ]  Memorial Cottages | [ ]  Campbell Cottages | [ ]  Partington Cottages |
| [ ]  2 Bdrm.(Ashgrove only)  | [ ]  George/Alice/Aubin Cottages | [ ]  Wyandotte St. E. Cottages (at George Ave.) |

**1.** **APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Date of Birth | Social Insurance No. |
| Address | Apt. No. | Are you a [ ]  Canadian Citizen[ ]  Landed Immigrant |
| Municipality | Postal Code | Telephone No. | Marital Status[ ]  Single [ ]  Common-Law [ ]  Divorced[ ]  Married [ ]  Separated [ ]  Widowed |
| Person to contact in your absence or to act as Interpreter | Name | Telephone No. | [ ]  Friend [ ]  Interpreter[ ]  Relative [ ]  Other |

**2. CO-APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | First Name | Date of Birth | Social Insurance No. |
| Address | Apt. No. | Are you a [ ]  Canadian Citizen[ ]  Landed Immigrant |
| Municipality | Postal Code | Telephone No. | Marital Status[ ]  Single [ ]  Common-Law [ ]  Divorced[ ]  Married [ ]  Separated [ ]  Widowed |
| Person to contact in your absence or to act as Interpreter | Name | Telephone No. | [ ]  Friend [ ]  Interpreter[ ]  Relative [ ]  Other |

**3. PRESENT ACCOMMODATION**

|  |  |
| --- | --- |
| **[ ]** Furnished rooms [ ]  Apartment [ ]  Other (Specify)[ ]  Unfurnished rooms [ ]  House [ ]  Board | Number of Bedrooms |
| COST OF ACCOMMODATION PER WEEK PER MONTH Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  Heat $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  Water $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  Hydro $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  [ ]  | DO YOU HAVE YOUR OWNKitchen [ ]  Yes [ ]  NoBathroom [ ]  Yes [ ]  No |
| Do you have a Lease? If yes, Expiry Date[ ]  Yes [ ]  No | How long haveyou lived atpresent address? |
| Present Landlord’s Name | Address | Telephone No. |

**4. PREVIOUS LANDLORD AND RESIDENTIAL HISTORY**

|  |  |  |
| --- | --- | --- |
| Landlord’s Name | Address | Telephone No. |
| Previous Addresses Applicant Co-Applicant Address From To Reason For Leaving [ ]  [ ]  |
|  [ ]  [ ]  |
|  [ ]  [ ]  |
|  [ ]  [ ]  |
|  [ ]  [ ]  |
|  [ ]  [ ]  |

**5. REASON FOR SEEKING ACCOMMODATION**

|  |  |  |
| --- | --- | --- |
| [ ]  Rent Too High | [ ]  Overcrowding | [ ]  Distance From Shopping |
| [ ]  Difficulty With Stairs | [ ]  Living With Relatives | [ ]  Distance From Public Transit |
| [ ]  Other (Specify) |
| Are you under Notice to Vacate? If yes, Attach Notice[ ]  Yes [ ]  No |

**6. HEALTH FACTORS**

|  |
| --- |
| Do you have a Health Problem which is affected by your current Accommodation? [ ]  Yes [ ]  No |
| Do you have a Disability which is affected by your current Accommodation? [ ]  Yes [ ]  No |
| If the answer to either question is yes, specify “Applicant” or “Co-Applicant” and attach Doctor’s Letter giving details. |

**7. STATEMENT OF MONTHLY INCOME (Income from all sources must be declared)**

|  |  |  |
| --- | --- | --- |
|  | Applicant | Co-Applicant |
| Old Age Security (OAS) | $ | $ |
| Federal Guaranteed Income Supplement (GIS) |  |  |
| Provincial Guaranteed Annual Income System (GAINS) |  |  |
| Canada Pension Plan (CPP) – Retirement |  |  |
| Canada Pension Plan - Disability (CPP-D) |  |  |
| Old Age Pension - Other Countries |  |  |
| Workmen’s Compensation Pension / Other Disability Pensions |  |  |
| Department of Veteran’s Affairs Allowance (DVA) |  |  |
| War Pension - Other Countries |  |  |
| Private Pensions (Specify) |  |  |
| Employment Income - Full or Part-Time |  |  |
| Ontario Disability Support Program (ODSP) |  |  |
| Ontario Works (OW) |  |  |
| Employment Insurance |  |  |
| Interest on Accounts |  |  |
| Other (Specify) |  |  |

**8. ASSETS**

|  |  |  |
| --- | --- | --- |
| Bank Accounts |  |  |
| Stocks, Bonds, G.I.C. etc. |  |  |
| Real Estate |  |  |
| Other Assets |  |  |

**9. PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Telephone No. | Relationship |
|  |  |  |  |
|  |  |  |  |
| **FAMILY DOCTOR** |
| Name | Address | Telephone No. | Patient |

**10. Do you own a pet?** [ ]  Yes [ ]  No

Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Do you own a vehicle?**  [ ]  Yes [ ]  No

 Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

I/We understand that this application does not constitute an agreement on the part of CHC to provide me/us with rental accommodation and I/we understand that if rental accommodations provided to me/us by CHC, it will be occupied only by myself/ourselves and those other members of my/our family whom I/we have listed on this application. I/We further agree to provide whatever documentation which may be required to support this application. I/We consent to the obtainment of credit and/or personal information as may be required at any time in connection with tenancy applied for any renewal or extension thereof and to the disclosure of such information concerning the undersigned to any credit reporting agency or any person with whom the undersigned has or proposes to have financial relations; to disclose the information given on this form to any social agency providing any form of social assistance to me. I/We acknowledge the information given on this form is accurate and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Co-Applicant Signature Date