



non-profit housing corporation

APPLICATION

Applicant

Social Insurance Number

Surname

First Name

Middle Name

Date of Birth

Sex Marital Status Phone Numbers Can you take personal calls? Home Bus. Ext.

Address Apt No. City Postal Code

Previous Address Apt No. City Postal Code

Co-Applicant

Social Insurance Number

Surname

First Name

Middle Name

Date of Birth

Sex Marital Status Phone Numbers Can you take personal calls? Home Bus. Ext.

Address Apt No. City Postal Code

Previous Address Apt No. City Postal Code

Who can we contact if we cannot reach you or your co-applicant?

Name Relationship Telephone Home Bus.

Other Household members (include only those who will live with you)

Table with columns: Surname, First Name, Middle Name, Sex, Date of Birth, Social Insurance Number, Student, Relationship.

If more household members attach separate sheet.

Is anyone in your household expecting a baby? Due Date

Do you require a handicapped unit?

Have you or anyone in your household lived in any government assisted housing? Move in Date

Address

Name used on application

Household Monthly Income

Total Monthly Income before deductions received by all family members who will live in the accommodation.
Examples of income includes:

- gross salary from employment earnings plus overtime;
- gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- gross amount of Ontario Works, Ontario Disability Support Program payments;

Total Monthly Income

Applicant	\$	
Co-applicant	\$	
Other family members	\$	
TOTAL	\$	

Source of Income

Applicant's Employer

Address

From

Yr.	Mo.

To

Yr.	Mo.

Applicant's Employer

Address

From

Yr.	Mo.

To

Yr.	Mo.

Assets

Do you own a house or other property? Yes No

Investments (include all bank accounts, bonds, GICs, RRSPs stocks, etc. List type of asset and amount.

	\$		\$
	\$		\$
	\$		\$

Assets

List all loans, Credit cards, Mortgages, etc.

Monthly Payment

Amount Owning

	\$	\$
	\$	\$
	\$	\$

Parking requirements

Number of spots

Declaration of Consent

I make the following representations and warranties knowing that they be relied on by **Tatry Non-Profit Housing Corp.** to assess my eligibility for rental accommodation and to establish rent:

1. The information given in this form is accurate and complete;
2. I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
3. I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members on my family approved by the landlord.

I give consent and authorization to **Tatry Non-Profit Housing Corp.**

1. to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to Peel Living;
2. to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date

Applicant's Signature

Spouse's/Co-applicant's Signature

In accordance with the Human Rights Code, 981, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap or receipt of public assistance.