



APPLICATION FOR AFFORDABLE HOUSING-GILLESPIE GARDENS

1. Applicant Information

First Name:	Last Name:		
Address - Street Number and Street Name:	Unit/Apt. No.	City:	Postal Code:
Daytime Phone Number:	Alternate Phone Number:		
Email Address:			

Is it safe to contact you at this location & number? Yes No

2. Co-applicant Information

First Name:	Last Name:		
Address - Street Number and Street Name:	Unit/Apt. No.	City:	Postal Code:
Daytime Phone Number:	Alternate Phone Number:		
Email Address:			

3. Household Members Information - List all of the people who will be living with you

Note: All sections must be completed – if you require more space, please use the back of this application.

Name of Household Member	Relationship to you	Date of Birth			Gender	Status in Canada	Social Insurance Number <i>(optional)</i>
		Day	Month	Year			
	-Yourself-						

4. Emergency Contact Person(s)

Please indicate who we may contact in case of an emergency		
Name:	Phone Number:	Relationship:

5. Housing History - List all the places where you and your household members have lived in the last 5 years, starting with the most recent.

Applicant

Present Landlord's Name:	Address where you live: Unit #	Landlord Phone No.	How long have you lived here? Date you are vacating?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Co-applicant

Present Landlord's Name:	Address where you live: Unit #	Landlord Phone No.	How long have you lived here? Date you are vacating?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord's Name:	Address where you lived: Unit #	Landlord Phone No.	How long did you live there? When did you move out?
Rent Paid \$	Did you receive a rent subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were your utilities extra? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Household Income and Asset Declaration

Please answer YES or NO to indicate if you or any other household member(s) are receiving any income listed below or from **ANY OTHER SOURCE**. Please attach an additional sheet of paper if required.

ATTACH ALL SUPPORTING DOCUMENTATION FOR ALL YOUR HOUSEHOLD INCOME SOURCES.

Income Source Answer each question Do you or any members of your household receive income from any of the following sources? Check yes or no	Gross Monthly Income for each Household Member with an Income			
	Applicant	Co-Applicant	Other Household Member	Other Household Member
Employment Income* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Employer name				
Ontario Works* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Worker's name/phone number				
Ontario Disability Support Program* <input type="checkbox"/> Yes <input type="checkbox"/> No *Please indicate Worker's name/phone number				
Employment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No				
Support (Child and/or spousal) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Workplace Safety and Insurance Board (WSIB) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Disability Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
Canada Pension (CPP) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Old Age Security (OAS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Guaranteed Income Supplement (GIS) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Company Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
OSAP (Loan or Grant) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Foreign Pension <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annuities <input type="checkbox"/> Yes <input type="checkbox"/> No				
ANY other income not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No i.e. tips, bonuses, etc. and indicate income source				

Asset Declaration

Indicate the name of the household member receiving the income or possessing the asset as requested below.

Answer each question	Applicant	Co-Applicant	Other Household Member	Other Household Member
Bank Account(s) Please indicate current balance. Financial institution and account number(s)				
RRSPs <input type="checkbox"/> Yes <input type="checkbox"/> No				
GICs/ Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks / Bonds / Investments <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate (House, Land) <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner:	Address:	Value:	
Art, Antiques, Valuables <input type="checkbox"/> Yes <input type="checkbox"/> No				
Taxi or Business License <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner:	Address:	Value:	
Any Assets held in trust <input type="checkbox"/> Yes <input type="checkbox"/> No				
ANY other assets not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Please Describe:				

Consent and Declaration

I/We agree that:

1. The information given on this form is accurate and correct.
2. If something on this application is untrue or not correct, Durham Region Non-Profit Housing Corporation (DRNPHC) may cancel the application.
3. I/We understand that only the people I/We have listed may live with me if my application is approved.
4. I/We understand that the information provided on this form as well as the documents attached will be shared between the Region of Durham and Durham Region Non-Profit Housing Corporation (DRNPHC) to determine eligibility for tenancy in an affordable housing unit.
5. I/We have read this application and understand that all household income and assets must be disclosed and supporting documentation provided. I/We understand that documents provided become property of DRNPHC.
6. By signing this application, I/We give permission for Durham Region Non-Profit Housing to obtain a credit report, contact references from previous landlords and contact employers and references, and any other legal steps to assess this Rental Application.

Personal information contained on this form is collected by the Housing Provider(s) selected pursuant to the *Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.F.31) or the *Municipal Freedom of Information and Protection of Privacy Act*, (R.S.O. 1990, c.M.56).

This information is collected under the legal authority of the *Housing Services Act 2011* for the purpose of administering the social housing programs prescribed in the Act and its associated Regulations.

**Signatures are required for all applicants/co-applicants that are 18 years of age and over:
All application signatures must be dated.**

Applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date

Co-applicant Signature

Date