

Suomi Koti

APPLICATION FOR MARKET RENT APARTMENT

<input type="checkbox"/> New Application		<input type="checkbox"/> Non Profit Market Tenant Requesting RGI	
<input type="checkbox"/> Transfer to Another Housing Provider			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Last Name		First Name:	Middle Initial:
Maiden Name/Alias:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Date of Birth (MM/DD/YYYY): Age Yrs: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Indian Status <input type="checkbox"/> Metis Status <input type="checkbox"/> Inuit			
Social Insurance Number:		Band Number:	

Section 1 – Primary Applicant Details

Special Priority (This pertains to all members listed on the application)

I am applying for special priority status because I or someone in my household is currently a victim of abuse.

I have lived apart from the abuser for less than 3 months.

If you checked above, please specify **date moved out**:

If you checked either of the above, please obtain a *Verification Declaration Package* from the Client Services Intake.

Address:		Apt No.:	
City:	Province:	Postal Code:	

Mailing Address

Home:		Cell Phone:	
Work: Can you take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can we safely contact you at this address and phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, where can we contact you?			

Telephone Numbers

Name	Relationship	Telephone Number(s)
------	--------------	---------------------

Persons to contact in your absence or to act as an interpreter

Present Accommodation

Current Landlord Information

Landlord Name: Landlord

Address:

Landlord Telephone Number:		
City	Province	Postal Code
Move In Date:	Amount of Rent Paid	

Section 2 - Co-Applicant Details

Relationship to Applicant

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Last Name:	First Name:	Middle Initial:
Maiden Name/Alias:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
Date of Birth (MM/DD/YYYY): Age Yrs: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Indian Status <input type="checkbox"/> Metis Status <input type="checkbox"/> Inuit		
Social Insurance Number:	Band Number:	

Section 3 - Previous Subsidized Tenancy and Qualifying for RGI Assistance

Please specify all subsidized or rent-geared-to-income tenancies for Applicant and Co-Applicant(s):

Have you ever lived in subsidized housing or received rent-geared-to-income assistance? Yes No

If Yes, please complete the following: If there are more than 2 tenancies please include them on a **separate** sheet.

Tenant Name:		
Address:		
City:	Province:	Postal Code:
Tenancy Dates (MM/YY)	Move In Date:	Move Out Date:
Landlord Name:		
Landlord Phone Number:		
Landlord Address:		
City:	Province:	Postal Code:
Tenant Name:		
Address:		
City:	Province:	Postal Code:
Tenancy Dates (MM/YY)	Move In Date:	Move Out Date:

Landlord Name:		
Landlord Phone Number:		
Landlord Address:		
City:	Province:	Postal Code: