Ontario Aboriginal Housing Services

500 Bay Street, Sault Ste. Marie, Ontario P6A 1X5
Tel: (705) 256-1876
Fax: (705) 256-2671
Toll Free: 1-866-391-1061
www.OntarioAboriginalHousing.ca

Rental Application, FIMUR (confidential)

Applicant's Full Name:

_____

First Name Initial Surname ☐ male ☐ female

_____

Date of Birth: mm/dd/yyyy

Please check the appropriate box:

☐ First Nation ☐ Inuit ☐ Métis ☐ Non-Status ☐ Non-Native

Income/month: $ _____

Social Insurance Number (optional):

H phone: ( )_____-_____
W phone: ( )_____-_____
C phone: ( )_____-_____
Email address:

_____

Add to OAHS email list? ☐ Yes ☐ No

If applicant is under 18, is the Applicant 16 years of age or older, and able to live independently? ☐ Yes ☐ No

Current Address:

Co-applicant (if any):

_____

First Name Initial Surname ☐ male ☐ female

_____

Date of Birth: mm/dd/yyyy

Please check the appropriate box:

☐ First Nation ☐ Inuit ☐ Métis ☐ Non-Status ☐ Non-Native

Income/month: $ _____

Social Insurance Number (optional):

H Phone #: ( )_____-_____
W Phone #: ( )_____-_____
C Phone #: ( )_____-_____
Email address:

_____

Add to OAHS email list?☐ Yes ☐ No

Current Address:

UNIT SIZE REQUESTED: ☐Bachelor ☐1 Bedroom ☐2 Bedroom ☐3 Bedroom ☐4/5 Bedroom

Are you willing to relocate to another community/region? ☐ Yes ☐ No

If yes, where to:

Date Required:

Question #1 Household Composition

Name	DOB D/M/Y	m/f	Relationship (daughter, son, partner etc)	Income/month	Depen-dant (y,n)	For each applicant, please check the appropriate column				
						FN	Métis	Inuit	Non-Status	Non-Native
1				$						
2				$						
3				$						
4				$						
5				$						
6				$						

Question #2 Household Employment Income Information (include any spousal or child support received)		
Household Member: Applicant # ☐	Spousal or child support $ ☐ /mo.	
Name & address of Employer/Sources of Income:		How long:
Phone #: ( )_____-_____	Rate of Pay:	Total Hours/Week:
Household Member: Applicant # ☐	Spousal or child support $ ☐ /mo.	
Name & address of Employer/Sources of Income:		How long:
Phone #: ( )_____-_____	Rate of Pay:	Total Hours/Week:
Household Member: Applicant # ☐	Spousal or child support $ ☐ /mo.	
Name & address of Employer/Sources of Income:		How long:
Phone #: ( )_____-_____	Rate of Pay:	Total Hours/Week:

Question #3 Other Household Income: If a Social Support, select all that apply (if not applicable, go to Question #4)
ODSP☐ OW☐ CPP☐ Child Tax Benefit (CTB)☐ Old Age Security☐ Guaranteed Income Supplement☐
Monthly Total, except for CTB: $ Income Maintenance Officer:
Canada Child Tax Benefit monthly amount: $
Spousal or Child Support monthly amount: $
Education living allowance (i.e. OSAP, FN Education Living Allowance): $

Question #4 Financial Obligations	
Are you aware of any judgements, writs, executions or pending court actions: ☐ Yes ☐ No	
Are you currently in arrears &/or have outstanding debt with a Social Housing provider, or any landlord? ☐ Yes ☐ No	
Payments to	How much/how often (monthly, weekly)
	$
	$
	$

Question #5 Details on Present Accommodations (If without accommodation select n/a and go to #6))	
At present, do you ☐ rent or ☐ own ☐ n/a	If rental, are you currently in Social housing? ☐ Yes ☐ No
Living in a ☐ House ☐ Apartment ☐ Other	
Briefly describe your current accommodations:	

Monthly rent:	Does the rent include heat, hydro or water ☐yes ☐no		
If **not** included, how much monthly for:	Heat $	Hydro $	Water $

Question #6 Additional Information
Number and type of pets:
Smoker(s) ☐yes ☐no

Question #7 Residence History		
Please provide your residence history (addresses) for the past **five years**. If you have more than the spaces allow for, please attach those addresses separately, including the information requested at right ➲.	For how long?	Reason for leaving (if current residence, your reason for wanting to leave)
1. **Current Residence (if any)**		
2.		
3.		
4.		
5.		

Question #8 How did you hear about FIMUR apartments/rental units?

Question #9 Are there special circumstances that should be considered by OAHS?
The First Nation, Inuit, Metis Urban and Rural housing program (FIMUR) was designed with **priorities** for tenant selection derived from consultations with the off-reserve Aboriginal community in Ontario (outside of the GTA). Those priorities are: 1. Families/single parent families/seniors/individuals who have had no other alternative but to turn to emergency shelters to escape violence or any other type of physical or mental grief by their spouses, or partners, or other family members with whom they reside and from whom they intend to separate permanently. 2. Families/single parent families/seniors/individuals that are without or to be without housing by no fault of their own, families whose residence has been destroyed and have no place to live, landlords who have sold the property and have terminated the families tenancy, individuals who have been released from a hospital or facility and cannot return to their former residence, families at risk of losing custody of children through lack of safe affordable housing. 3. Families/single parent families/seniors/individuals that have had no alternative but to separate and seek living accommodations with other family members because of the lack of affordable housing. 4. Families/single parent families/seniors/individuals that are currently living with hazardous conditions such as; inadequate kitchen facilities, inadequate bathroom facilities, inadequate recreational space for children, inadequate or no electrical wiring, inadequate or unsafe heating facilities, other identified risks, or the need for specific housing requirements e.g. wheel chair access, ground floor.
Are there any priorities that apply to you/your household? Please explain.

REFERENCES		
Bank Reference (Name of Bank)	Address	
Chequing Account #	Savings Account #	
Credit Reference (Name of Credit Card Issuer)	Credit Account #	
Address	Phone #	
Personal Reference	Address	Phone #

LOANS			
Institution	Address	Monthly Pmt.	Balance
1.			
2.			
3.			

AUTOMOBILES			
Make/ Model	Year/Colour	Licence Plate Number	Province
1.			
2.			

Question #10 In case of emergency: Please give contact details for three family members		
Name	Address	Phone # with area code

I/we agree that if my application is accepted but the tenant who currently occupies the subject premises fails or refuses to vacate the premises prior to the intended commencement of my tenancy, then my right to the proposed tenancy shall come to an end, without any further claim against the landlord.

I/we agree that if my application is accepted, and the terms and conditions of the Residential Tenancy Agreement are within the parameters of the Residential Tenancies Act, I/we will sign the Residential Tenancy Agreement with OAHS, and I/we will comply with all terms and conditions contained in the Residential Tenancy Agreement.

I/we consent to permitting the landlord to check and confirm my credit history, credit references, rental history, employment history and income amount, and to exchange any information to verify the above as permitted under the Ontario Human Rights Code.

I/we consent to the sharing of my information with your partners.

I/we agree that if my application is approved, but the first month's rent is not received in full on the agreed-to move in date, or I do not sign the Residential Tenancy Agreement, then the landlord shall not be obligated to rent the premises to the applicant.

The undersigned agree(s) that all information given is to be legal and true. Not complying (falsifying information) is grounds for immediate eviction should this application be approved.

I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that OAHS reserves the right to reject this application at their sole discretion. I/we have read and understand these conditions.

Applicant Signature	Date	Co-Applicant Signature	Date

Guarantor Signature (if required)	Please print name	Date

Please complete and fax this form to 705-256-1664 to the attention of **Central Applicant Registry** or mail to:

Ontario Aboriginal Housing Services
c/o Central Applicant Registry
500 Bay Street
Sault Ste. Marie, ON
P6A 1X5

If you require further information, or assistance with this application, please call toll-free 1-866-391-1061 extension 216 or 206.