



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

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 | Metis | Inuit | Status Non- | Native Non- |
| 1 | | | | \$ | | | | | | |
| 2 | | | | \$ | | | | | | |
| 3 | | | | \$ | | | | | | |
| 4 | | | | \$ | | | | | | |
| 5 | | | | \$ | | | | | | |
| 6 | | | | \$ | | | | | | |
| 7 | | | | \$ | | | | | | |
| 8 | | | | \$ | | | | | | |

| Question #2 Household Employment Income Information (include any spousal or child support received) | | |
|--|--------------|-------------------|
| Household Member: Applicant # <input type="text"/> Spousal or child support \$ <input type="text"/> /mo. | | |
| Name & address of Employer/Sources of Income: | | How long: |
| | | |
| Phone #: () _____ - _____ | Rate of Pay: | Total Hours/Week: |
| Household Member: Applicant # <input type="text"/> Spousal or child support \$ <input type="text"/> /mo. | | |
| Name & address of Employer/Sources of Income: | | How long: |
| | | |
| Phone #: () _____ - _____ | Rate of Pay: | Total Hours/Week: |
| Household Member: Applicant # <input type="text"/> Spousal or child support \$ <input type="text"/> /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 <input type="checkbox"/> | OW <input type="checkbox"/> |
| CPP <input type="checkbox"/> | Child Tax Benefit (CTB) <input type="checkbox"/> |
| Old Age Security <input type="checkbox"/> | Guaranteed Income Supplement <input type="checkbox"/> |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you currently in arrears &/or have outstanding debt with a Social Housing provider, or any landlord? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> rent or <input type="checkbox"/> own <input type="checkbox"/> n/a | | If rental, are you currently in Social housing? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Living in a <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other | | | |
| Briefly describe your current accommodations: | | | |
| Monthly rent: \$ | Does the rent include heat, hydro or water <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| If not included, how much monthly for: | Heat \$ | Hydro \$ | Water \$ |
| Question #6 Additional Information | | | |
| Number and type of pets: | | | |
| Smoker(s) <input type="checkbox"/> yes <input type="checkbox"/> 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 <u>wanting</u> to leave) |
| 1. Current Residence (if any) | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Question #8 How did you hear about OAHS 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 family's 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. | | | |
| 3. | | | |

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.