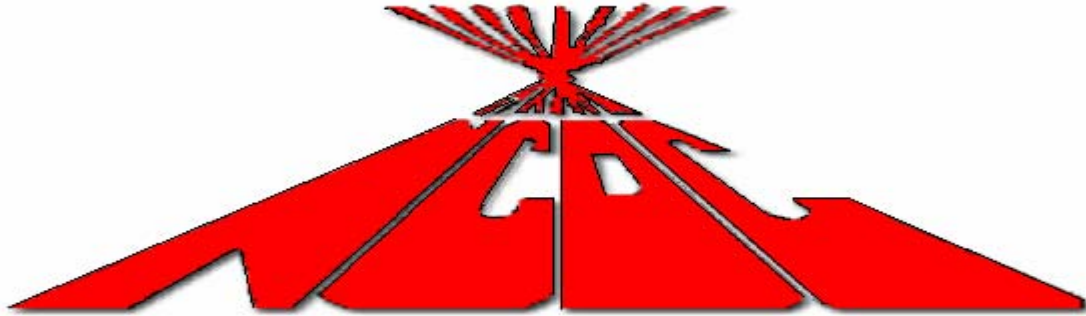


Application for Housing

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NITAWIN



COMMUNITY DEVELOPMENT CORPORATION

INSTRUCTIONS

This application must be completed in full and all proof of incomes and expenses (stubs, rent receipts, etc.) must be included with this application before it can be processed.

Each applicant sixteen years of age or older is required to complete and sign this application. You must mail or bring in the original application. The office is located at 25 Fair Street at the rear entrance.

Update the application at least once every two months by calling the Nitawin Community Development Corporation (NCDC) office or by filling out an update form located on the website. Applications not updated will be removed from the list of applicants after six months, and will be kept on file for one (1) year. Your application may be reactivated during this time, however it will be discarded if the application has not been updated after one year.

Mail or deliver completed application to: Nitawin Community Dev. Corp. Box 308 Sioux Lookout, Ont. P8T 1A5	You can reach our office at: Phone: 807.737.4574 Toll free: 1.866.261.1101 Fax: 807.737.2076 Email: secretary@nitawin.ca Website: www.nitawin.ca
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This section is for office use only				
Unit size <input type="checkbox"/> Bedrooms	Wheelchair Access Required YES / NO	Date received / Staff Initials		
Application received:	In Person: <input type="checkbox"/>	By Mail: <input type="checkbox"/>	By Phone: <input type="checkbox"/>	By Fax: <input type="checkbox"/>

SECTION 1 - APPLICANT Information

Complete the following chart for each individual applying for housing.

Name of each ADULT (16 years of age and older)	Position in household	Date of Birth (month/day/year)	Age	Social Insurance Number
Name of each CHILD (15 years of age and under)	Position in household	Date of Birth (month/day/year)	Age	
If a baby is expected, record the due date:				

SECTION 2 - INCOME Information

Record all income, before taxes are deducted, of each ADULT listed in Section 1 who is applying for housing. Provide **proof** of each income listed, including a copy of the previous year's Income Tax Assessment. Record corresponding number to type of income received from the "DOI" list.

Applicant's Name	Income Per Month	Type of Income	Bank Name / Branch Number	Acct type	Account Number

Refer to **Definition Of Income (DOI)** and number corresponding on following page.

Definition of Income (DOI)

Income means all money received from all sources before taxes are deducted. All income must be listed in Section 2. Examples of income include but are not limited to those listed below:

EMPLOYMENT

1. All work-related income of every type.

PENSIONS, ALLOWANCES & OTHER INCOME

- | | |
|--|--------------------------------------|
| 2. Ontario Works / Ontario Disability Plan | 5. Work Place Insurance / Alimony |
| 3. Student Assistance / Student Loans | 6. Employment Insurance / Allowances |
| 4. Old Age Security / Pension Plans | 7. Other |

SECTION 3 - WORK INFORMATION

APPLICANT Work Information

Name of Employer	Occupation	
Address / Location of Employment	Province	Postal Code
Contact Number(s):	Supervisor name:	
Email Address:		
How long have you been employed with your current employer?		
Is your employment: <input type="checkbox"/> Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

APPLICANT Social Assistance Information

Name of Worker:	Contact number:
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CO-APPLICANT Work Information (Only if applicant is working)

Name of Employer	Occupation	
Address / Location of Employment	Province	Postal Code
Contact Number(s):	Supervisor name:	
Email Address:		
How long have you been employed with your current employer?		
Is your employment: <input type="checkbox"/> Seasonal <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

SECTION 4 - REFERENCES

Please provide two (2) professional references or credit references. (Not a relative or an employer)

Name	Contact Number	Occupation
	Ph:	
	Fax:	
	Ph:	
	Fax:	

SECTION 5 - CURRENT ADDRESS

Your Address and Contact Information

Street		Apartment number
City / Community	Province	Postal Code
Contact Numbers: Home: Cell: Work:		Contact Person / Number
Email Address:		

Your Current Landlord's Address and Contact Information

Street		Apartment number
City / Community	Province	Postal Code
Landlord's Contact Numbers: Home: Cell: Work:		
May the current Landlord be contacted for a reference? If 'No', explain why: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Indicate the type of housing your family currently lives in and number of bedrooms in the unit.

Type	# of bdrms	Type	# of bdrms	Type	# of bdrms
House		Hotel		Shelter	
Apartment		Hostel		Shared apt/house	
Other (give details):					

Record the total monthly expenses, or the portion of expenses paid by the applicant(s) if the housing is shared. **Provide proof** of each expense listed. (Place "N/A" if expenses are not paid).

Rent or Mortgage payment	\$	Child Support	\$
Average Hydro cost	\$	Phone	\$
Average Water cost	\$	Other	\$
Insurance	\$		\$
Child care	\$		\$

When did you move in to your current housing?	Month	Day	Year
Do you own or rent the property at your current address?	Rent <input type="checkbox"/>	Own <input type="checkbox"/>	
Has a 'Notice to Vacate' your current housing been served to you by the landlord? <input type="checkbox"/> YES If yes, explain why.			
<input type="checkbox"/> NO If no, why do you need to move from your current housing?			

Explain any circumstances which may adversely affect the credit rating of the applicant(s):

In the last 12 months, have you had a cheque returned from the bank? Yes No

How much notice is required to be given to the current Landlord before moving?
 No notice 1 month 2 months Other, explain:

Are there health problems which may affect the type of housing required? Yes No
Please explain:

Do you own any pets? If so, list how many of each type.
 Dog(s) Cat(s) Other, Explain:

How many vehicles are registered in your name? 1 2 3

Auto #	Make of auto	Model Type	License Plate #
Auto 1			
Auto 2			
Auto 3			

SECTION 6 - PREVIOUS ADDRESSES

List the last three (3) addresses where the applicant(s) lived, with #1 being the most recent. Use additional paper to provide further details if there is more than one applicant and the applicants have not resided at the same address.

Previous Address (es)	Length of time at the address	
	From	To

Has anyone listed in Section #1 (above) lived in subsidized housing? Yes No
If 'Yes', provide details below:

Name and address of subsidized housing provider:

Name(s) listed on the subsidized housing lease:

Address of subsidized rental unit:

Date moved in:	Date moved out:	Reason for moving:
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Does the applicant(s) owe money to any subsidized housing provider? If 'Yes', indicate with a check mark one of the following categories listed below and the amount(s) owing:
 Yes No

Rental arrears:	Damages:	Final payment date:
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\$	\$	
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**SECTION 7
VERIFICATION OF NATIVE ANCESTRY AND CANADIAN CITIZENSHIP**

Indicate whether you are: a) Status; b) Non-Status; c) Inuit; d) Metis; e) Non-native; f) Bill C-31

Name	Card Number	Letter	Name	Card Number	Letter

Each applicant **sixteen years of age and older** is required to carefully review this application and sign the declaration and authorization which follows in section 8:

SECTION 8 - DECLARATION and AUTHORIZATION

- I/we declare that all the information contained in this application is complete and accurate in every respect and that I/we are in Canada legally.
- I/we authorize Nitawin Community Development Corporation (NCDC) to exchange/confirm all or any of the information recorded in this application with my/our current or previous landlords and authorize any of these individuals to issue a tenant report to NCDC.
- I also understand that this application is for geared-to-income housing based on income.
- I/we authorize NCDC to, at any time, confirm all or any of my/our income with the source of the income, check or update my/our credit background by providing the credit agency with the information required.
- I/we understand that an interview may be held to discuss my/our housing situation in greater detail. This interview, if granted, will not guarantee housing.
- If any item in this application is incorrect or not true, NCDC may immediately cancel my/our application without recourse furthermore, if I/we obtain housing based on false information I/we acknowledge that NCDC will evict me/us as permitted by The Tenant Protection Act.
- I/we understand that all money owing to any other subsidized housing agency must be paid before granted housing with NCDC. If I/we obtain housing without first paying these monies and it is later discovered that I/we owe money to another housing agency, NCDC may evict me/us, or give the other housing or credit agency with my/our name and address to pursue collection, or both.
- I/we understand that if I/we are selected to be tenants, only the people listed in this application may live with me/us in a NCDC housing unit.
- I/we understand and agree that this application will be updated prior to a tenant selection or every six (6) months, which ever comes first and if I/we can not be reached after three (3) attempts, my/our application will not be considered.

Print Name	Signature	Date Signed

Consent Form for Collection, Use and disclosure of Personal Information under the Federal *Personal Information Protection and Electronic Documents Act (PIPEDA)*

What is “Personal Information”?

Personal information includes any factual or subjective information, recorded or not, about an identifiable individual. This includes information in any form, such as:

- Age, name ID numbers, income, assets, household composition, residency status, rent payment record, medical records, counseling records.
- Opinions, evaluations, comments, social status, or disciplinary actions; and
- Employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a tenant, intentions (example, to acquire goods or services, or change jobs).

Personal information does not include the name, title, business address or telephone number of any employee of an organization.

Collection and Use of Your Personal Information.

Nitawin Community Development Corporation will collect, retain and use the personal information provided by you in this form and it’s attachments for the following purposes:

- ❖ Considering you application for tenancy;
- ❖ Verifying the information that you have provided in your application and it’s attachments relating to the administration and processing of your application for tenancy;
- ❖ Calculating your rent;
- ❖ Meeting the legal and regulatory requirements arising out of or relating to your tenancy;
- ❖ For the use of our financial Auditor and our Canada Mortgage and Housing Corporation (CMHC) Portfolio Manager to verify our financial records.
- ❖ For the purpose of contacting necessary services or your next-of-kin in case of emergency;

Disclosure of Your Personal Information

Nitawin Community Development Corporation will disclose the personal information provided by you in this form to the following parties for the purposes described above:

- To any social agency providing any form of assistance to you, or other government department subsidy under the *Ontario Works Act, 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Tenant Protection Act*, or the *Social Housing Reform Act*, or *Sections 95 of the National Housing Act*. Housing portfolio operating agreement.
- To the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of Nitawin Community Development Corporation for the purpose of complying with the *Tenant Protection Act* or the *Social Housing Reform Act*.

Consent

I authorize and agree that Nitawin Community Development Corporation may collect, use and disclose the personal information that I have provided in the form and it's attachments as described above. I understand and acknowledge that in addition to the foregoing. Nitawin Community Development Corporation will also collect, use and disclose my personal information as required and permitted by law.

Signature

Signature

Signature

Signature

Signature

Signature

Signature

Signature

All persons, sixteen (16) years of age or older, applying on this application must sign the **Personal Information Protection and Electronic Documents Act (PIPEDA)** form in order for this application to be processed.