

Send finished application to: grfnhousing@gardenriver.org

APPENDIX “B” - Housing Department Rental Housing Application



CMHC SECTION 95 RENTAL APPLICATION
APPENDIX “B”

APPLICANT INFORMATION

<input type="checkbox"/> GRFN REGISTERED BAND MEMBER			
NAME:			
DATE OF BIRTH:	PHONE:	CELL PHONE/EMAIL:	
CURRENT ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
OWN RENT (PLEASE CHECK)	MONTHLY PAYMENT OR RENT:	HOW LONG?	
PREVIOUS ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
OWNED RENTED (PLEASE CHECK)	MONTHLY PAYMENT OR RENT:	HOW LONG?	GRFN BAND MEMBER #:
HAVE YOU EVER BEEN EVICTED OR BREACH A LEASE AGREEMENT? Yes No (PLEASE CHECK)	IF YES, PLEASE EXPLAIN:	ARE THERE MONIES OR ARREARS OWING?	IF YES, WHAT IS AMOUNT OWING?

Employment Information

CURRENT EMPLOYER:			
EMPLOYER ADDRESS:			HOW LONG?
PHONE:	E-MAIL:		MANAGER OR SUPERVISOR:
HOURLY SALARY	POSITION:	OTHER INCOME (IF UNEMPLOYED):	
IF UNEMPLOYED, SOURCE OF INCOME (PLEASE IDENTIFY SOURCE(S) & ATTACH TO APPLICATION:			

Emergency Contact

NAME OF A PERSON NOT RESIDING WITH YOU:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE:

RELATIONSHIP:

INCOME:

INCOME MEANS ALL MONEY YOU OR CO-APPLICANT (IF APPLICABLE) RECEIVE FROM ALL SOURCES:

SOURCE	TOTAL MONTHLY INCOME FROM SOURCE:
<input type="checkbox"/> Ontario Works	
<input type="checkbox"/> Ontario Disability Support Program	
<input type="checkbox"/> Employment Insurance	
<input type="checkbox"/> Ontario Old Age Security	
<input type="checkbox"/> Other	

HOUSEHOLD INFORMATION:

PLEASE PROVIDE INFORMATION ABOUT ALL PERSON(S) THAT WILL BE RESIDING IN THE UNIT

FIRST NAME	LAST NAME	RELATIONSHIP	DATE OF BIRTH	GRFN BAND MEMBER	MEMBERSHIP VERIFICATION
				Yes No	
				Yes No	
				Yes No	
				Yes No	

Co-applicant Information (if Applicable)

GRFN Registered Band Member GRFN Affiliated Member Non Band Member

NAME:

DATE OF BIRTH:

PHONE:

CELL PHONE/EMAIL:

CURRENT ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

OWN RENT (PLEASE CHECK)

MONTHLY PAYMENT OR RENT:

HOW LONG?

PREVIOUS ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

OWNED RENTED (PLEASE CHECK)

MONTHLY PAYMENT OR RENT:

HOW LONG?

Co-applicant Employment Information

CURRENT EMPLOYER:		
EMPLOYER ADDRESS:		HOW LONG?
PHONE:	E-MAIL:	FAX:
CITY:	PROVINCE:	POSTAL CODE:
POSITION:	HOURLY SALARY (PLEASE CHECK)	ANNUAL INCOME:

References

(Attached Landlord Reference Document must be completed and attached)

NAME:	ADDRESS:	PHONE:

All statements in this Application are true and to the best of my/our ability and knowledge and have the belief that no information required has been concealed or omitted. Furthermore, I/we fully understand that this Application doesn't constitute an Agreement on part of the Garden River First Nation to provide me with accommodations, and I/we further acknowledge this Application will remain the property of the Garden River First Nation.

*As well, I/we give permission to the Garden River First Nation Housing Department to contact references and landlords. Furthermore, all information in this Application will remain strictly **confidential**.*

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Applicant Signature:

Co-Applicant Signature:

By submitting this Application, I/we authorize an investigation of my/our current and employment history and credit history. In the event that my/our account becomes delinquent, I/we do authorize Garden River First Nation Housing Department to forward my account to the Credit Bureau for Collections. By signing below, I/we have read and understand this document and are agreeing to the Terms and Conditions set out.

Applicant Name (please print):

Applicant Signature:

Date:

Co-Applicant Name (please print):

Co-Applicant Signature:

Date:

Witness Name (please print):

Witness Signature:

Date: