

Application For Seniors Affordable Housing

Please fill out application, with all documents, and return by post to:

My Owen Place - 364 Erb Street West, Office
Waterloo, ON N2L 1W6

OR, scan and email to: MyOP@owengroup.ca, or hand deliver to the address above and deposit in the "Office" mailbox in the front lobby.

PLEASE NOTE:

- ◆ **OVER 60 YEARS OF AGE** – My Owen Place is seniors housing, you must be 60 (sixty) or older to apply;
- ◆ **INCOME RESTRICTION** – to be accepted your taxable income for the previous year must be less than \$37,104 for a one bedroom and less than \$43,584 for a two bedroom;
- ◆ **NO SMOKING** – the property is a no smoking zone, tenants or visitors are not permitted to smoke on the property; and,
- ◆ **RENTAL RATES** – one bedroom units rent from \$458.64 to \$570.66 which includes water, heat and hot water.

NOTE: SUBMISSIONS WILL NOT BE PROCESSED UNTIL ALL INFORMATION AND DOCUMENTATION HAS BEEN RECEIVED.

START HERE – Please PRINT Applicant Information CLEARLY

(First Name)

(Last Name)

(Birth Surname)

(Home Phone)

(Mobile Phone)

(Other Phone)

Date Prepared:

_____ (day)

_____ (month)

_____ (year)

Date Submitted:

_____ (day)

_____ (month)

_____ (year)

RENTAL APPLICATION FORM

I/We, hereby make an application to rent a SENIORS AFFORDABLE HOUSING unit at the property located at:
My Owen Place - 364 Erb Street West in Waterloo, Ontario, N2L 1W4.

I/We further understand that this property is a “**SMOKE FREE**” building and as such, there will be no smoking permitted within the Residential Complex. Smoking is only permitted outdoors at a distance of not less than five metres away from windows, entrances or exits to the Residential Complex.

Units are not air conditioned (cooled). Ceiling fan provided in each bedroom.

I/We also understand that this building is meant for seniors and you **must be at least 60 (sixty) years of age to apply.**

Please fill out all information truthfully and as accurately as possible. All supporting documentation must be supplied in order to process your application. Filing false information is an offence and will cause your application to be cancelled.

SECTION 1 - MAIN APPLICANT INFORMATION (Please Print Clearly)			
Last Name:		First Name:	Middle Name(s):
Social Insurance Number: 		Date of Birth (MM/DD/YYYY)	Age in years:
Current Address:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (if different from above). Include unit #, city, province, and postal code:			Unit #:
YOU MUST PROVIDE PROOF OF AGE AND ADDRESS. Eg., Drivers license, passport, birth certificate:# _____			
Home Phone: _____		Work Phone: _____	Cell Phone: _____
Fax Number: _____		Email: _____	
ALTERNATIVE CONTACT INFORMATION			
If we are unable to reach you, we may need to call someone else that you know. Please provide us with a contact name and a daytime phone number of a friend, relative, or agency where we can leave a message for you.			
Name: _____		Daytime Phone: _____	
Agency Name: _____		Relationship to you: _____	
Do you give us permission to talk about your application with this person?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did an agency, friend or family member help you complete this application?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If it is someone different from above, please put their name.			
Name: _____		Phone Number: _____	

SECTION 2 – CO-APPLICANT INFORMATION

(A spouse is a co-applicant, NOT a dependent)

Last Name: _____ First Name: _____ Middle Name(s): _____

Social Insurance Number: 	Date of Birth (MM/DD/YYYY) 	Age in years: 	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Current Address: _____ Unit #: _____

Mailing Address (if different from above). Include unit #, city, province, and postal code: _____

YOU MUST PROVIDE PROOF OF AGE AND ADDRESS. E.g., Drivers license, passport, birth certificate:# _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Fax Number: _____ Email: _____

What is your relationship to the Applicant listed in Section 1? _____

Do you give us permission to talk about your application with this person, or agency? Yes No

SECION 3 – HOUSEHOLD INFORMATION

Please list below **ALL** of the people that will be living with you.

Last Name	First Name	Relationship to you	Date of Birth (MM/DD/YY)	Sex (M/F)	Does this person live with you now?
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must provide proof of age for members in your household (60 years old minimum)

SECTION 4 – INCOME AND ASSET INFORMATION

Have you given away, or transferred, any property, real estate, investments or other funds/money to relatives or friends? Has anyone in your household? Yes No

If 'yes', please give the date of transfer (MM/DD/YY): _____ Amount/Value: \$ _____

If 'yes', what is the address of the property: _____

SECTION 4 – INCOME AND ASSET INFORMATION (Continued)...

INCOME

Fill in the monthly income (before deductions) for you and each person in your household.

SOURCE OF INCOME	APPLICANT Gross Monthly Amount	CO-APPLICANT Gross Monthly Amount	OTHER HOUSEHOLD MEMBER Gross Monthly Amount
Employment: (name employer and contact #)	\$	\$	\$
Self Employment	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workers Safety Insurance Board (WSIB)	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Old Age Security (OAS) / Supplement	\$	\$	\$
GAINS "A" / GIS	\$	\$	\$
Canada Pension Plan (CPP/QPP)	\$	\$	\$
Other Country Pension	\$	\$	\$
Other Pension(s)	\$	\$	\$
Support Payments: <input type="checkbox"/> Received <input type="checkbox"/> Paid	\$	\$	\$
Grant / Bursary	\$	\$	\$
Other income (give details):	\$	\$	\$

ASSETS

Fill in the value of any assets owned by your and each person in your household.

TYPE OF ASSET	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER
Bank Account (give details):	\$	\$	\$
GICs/Bonds (give details):	\$	\$	\$
RRSPs (give details):	\$	\$	\$
Other assets (give details):	\$	\$	\$
Property (give details):	\$	\$	\$

SECTION 5 – HOUSING HISTORY

I rent
 I'm staying at a shelter
 I'm staying with relatives/friends
 Other: _____

I own the home where I live (Attach a 'Declaration of Intent to Sell Property' form)

I own property suitable for year round residency, in Canada or any other country.

(Attach a 'Declaration of Intent to Sell Property' form)

Address of property: _____

How much is your current monthly rent or mortgage? \$ _____

Current Landlord's Name:	Phone Number:	Date you moved in:
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When does your lease/term end: (MM/YYYY)	Have you given a Notice to Vacate: <input type="checkbox"/> Yes <input type="checkbox"/> No Or, has your landlord given you one: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, for when: (MM/YYYY) _____
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List ALL previous addresses for the last 5 years of ALL household members

Previous Address	Move in date	Move out date	Name of Landlord	Landlord's Phone #

Have you ever lived in SENIORS AFFORDABLE HOUSING anywhere in Ontario? Or has anyone you have listed as a household member? Yes No If 'yes'. Please fill in the chart below.

Name of person on the lease	Address	Name of Housing Provider	Move out date	Arrears Owing
				\$
				\$
				\$
				\$

*If you owe money to a previous landlord, you MUST attach a current copy of the repayment schedule, signed by the landlord. We must have proof that your arrears have been fully paid or you have an agreement in place before we can proceed with your Application.

SECTION 7 – COLLECTION, USE & DISCLOSURE OF INFORMATION DECLARATION

In consideration for the Landlord accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

1. The Landlord may obtain information about you through a tenant check and/or credit or consumer report conducted by a Credit Bureau and as permitted or required by law. You expressly authorize a Credit Bureau to provide information regarding you to the Landlord.
2. The Landlord may use information about you to determine your suitability as a tenant and as permitted or required by law.
3. The Landlord may disclose information about you as permitted or required by law and to a Credit Bureau in order to be included within a database of rent roll information, and/or within a tenancy file on you, for the purposes of:
 - Tenant reporting and credit reporting in accordance with the Consumer Reporting Act (Ontario);
 - Establishing a credit history and a rental history; and
 - Supporting the credit approval process.
4. I understand that the information I give on this Application shall be true, accurate, and complete.
5. I must tell the Landlord about any changes in my information within 30 days of the change, or my Application may be cancelled. This includes any change of address, phone number, family size, type or amount of income.
6. I must provide any supporting material or documents needed by the Landlord, its representative, or housing providers.
7. All members of my household must sign this Application.

All persons who sign this application consent to the exchange and disclosure of personal information between the Landlord and/or agent of the Landlord and any relevant persons, housing providers, or institutions for the purpose of verifying the information supplied in this application, for determining eligibility for housing assistance or for any other reason permitted or required by law and for determining the creditworthiness of each applicant and/or member of the household from time to time or when the need arises.

Furthermore, all persons who sign this application and who receive Ontario Works (OW) or Ontario Disability Support Program (ODSP) assistance consent to the exchange of personal information between the Landlord and OW, ODSP offices for the purpose of verifying eligibility and the level of housing benefits or assistance.

Yes, I have read and agree to the collection, use and disclosure of information as outlined above.

I have read, understood and voluntarily agree to the terms and conditions outlined above.

Applicant		Co-Applicant	
1	Signature	Print Name	
2	Signature	Print Name	
Co-Applicant		Co-Applicant	
3	Signature	Print Name	
4	Signature	Print Name	
Landlord/Agent		Date Signed by Landlord/Agent	
1	Signature	Print Name	

EMERGENCY CONTACTS

Please include phone numbers (home, work, and mobile) with area codes and extensions (if necessary); and email addresses.

1. First Contact Email: _____

(First Name) (Last Name)

(Relationship) (Home Number) (Mobile Number)

(Current Employer/Position) (Work Number)

2. Second Contact Email: _____

(First Name) (Last Name)

(Relationship) (Home Number) (Mobile Number)

(Current Employer/Position) (Work Number)

3. Third Contact Email: _____

(First Name) (Last Name)

(Relationship) (Home Number) (Mobile Number)

(Current Employer/Position) (Work Number)

4. Doctor To Contact

(First Name) (Last Name)

(City) (Office Number) (Other Number)

Special Instructions in the Event of An Emergency

