

APPLICATION FOR HOUSING GOOD SHEPHERD NON-PROFIT HOMES

BUILDING SELECTION:				
<input type="checkbox"/> 15 Ray St N -Family Building -Smoke Free	<input type="checkbox"/> 10 Pearl St N. - Seniors Building (55+) - Smoke Free	<input type="checkbox"/> 100 Locke St S - Smoke Free	<input type="checkbox"/> 194 Gage Ave S - Seniors Building (65+) - Smoke Free - Market Rent Only	<input type="checkbox"/> 1320/1322 King St E - Smoke Free

Good Shepherd Square offers rental units at 20% below the average market as determined by CMHC. **THERE MAY BE LIMITED SUBSIDIES AVAILABLE.** If you require a subsidy, please ensure you have checked off the subsidy box on this application, as a separate subsidy list is maintained.

SMOKE FREE BUILDING

**Good Shepherd Square has been designated as smoke free buildings
Smoking will not be permitted in the units or common areas as stated in the lease.**

INSTRUCTIONS

- Complete ALL sections and return to the address noted above.
- Please PRINT all information in BLUE OR BLACK INK.
- If you need any assistance in completing this application, please contact the above office.

APPLICANT

Last Name:		First Name:	
SIN:	Birth Date:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address:			Unit #
City/Town:		Postal Code:	
Home / Cell Phone #		Work Phone #	
Current Address <i>(if different than above)</i>			
Unit #	City/Town:	Postal Code:	
Citizenship Status (check all that apply): Copy of immigration documents or proof of citizenship are required (such as Birth Certificate, Citizenship Card, Baptismal, Birth Registration, etc.)			
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee / Claimant	<input type="checkbox"/> Native Ancestry
Do you require an Interpreter? If so, in what language?			
<input type="checkbox"/> In Canada for less than one year <i>(documents are required verifying date of entry)</i>			
Person to contact as an alternate or to act as your interpreter:			
Name:		Telephone #	

CO-APPLICANT

Relationship to Applicant:			
Last Name:		First Name:	
SIN:	Birth Date:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address same as Applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", give address below:	
Address:			Unit #
City/Town:		Postal Code:	
Home / Cell Phone #		Work Phone #	
Current Address (<i>if different than above</i>)			
Citizenship Status (check all that apply): Copy of immigration documents or proof of citizenship are required (such as Birth Certificate, Citizenship Card, Baptismal, Birth Registration, etc.).			
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee / Claimant	<input type="checkbox"/> Native Ancestry
Do you require an Interpreter? If so, in what language?			
<input type="checkbox"/> In Canada for less than one year (<i>documents are required verifying date of entry</i>)			

GENERAL INFORMATION

I am able to live independently	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of bedrooms needed:	<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom		
Are you currently on the Access to Housing Wait List?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, for how long?	

SPECIAL NEEDS / EXCEPTIONAL CIRCUMSTANCES

Do you require wheelchair accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any other modifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please specify:	

FINANCIAL INFORMATION

(This information is necessary to verify income and is protected under the Privacy Protection Act)

Gross Monthly Income \$	Current Rent Paid Monthly \$
Sources of Income:	
<input type="checkbox"/> Old Age Security (OAS)	<input type="checkbox"/> Ontario Disability (ODSP)
<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Canada Pension (CPP)
<input type="checkbox"/> Unemployment income (EI)	<input type="checkbox"/> Other Income supports (Alimony, Child Support)
<input type="checkbox"/> Employment	<input type="checkbox"/> Imputed income (GIC, RRSP, RIFF etc.)
<input type="checkbox"/> Other Pensions (WSIB, insurance, previous employment)	
<input type="checkbox"/> Other _____	

SUBSIDY APPLICATION

Do you require a subsidy to help with rent payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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GOOD SHEPHERD NON-PROFIT HOMES INC.

Here is your legal agreement with us. Please read it carefully and sign in the spaces below.

1. I understand that there are laws that allow GSNPH to collect personal information about me.
2. I understand that GSNPH will use the information I give them to see if I qualify for the housing for which I have applied.
3. I allow GSNPH to give the information on this form (and any attachments) 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.
4. I allow GSNPH to give the information on this form (and any attachments) to any government or body with whom GSNPH has made an agreement under the Housing Services Act, 2011, without further notice to me, for the purpose of conducting research related to a social benefit program or social housing.
5. I understand that any information on this form and any attachment given by GSNPH to any of the organizations listed above will be kept confidential and will only be given in accordance with the Housing Services Act, 2011, and associated regulations.

If you have any questions about the collection and use of personal information, please contact GSNPH at 905-525-5188.

Personal information contained in this form or in attachments is collected by GSNPH pursuant to the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c.F31.) or the Municipal Freedom of Information used to determine eligibility for housing applied for, continuation of housing, and may be used to calculate the appropriate rent-g geared-to-income charge.

As part of the application process, Good Shepherd Non-Profit Homes may conduct a credit check utilizing a recognized credit corporation. Your signature below grants us permission.

Applicant Signature

Date:

Co-Applicant Signature

Date:

OFFICE USE ONLY

Outcome: accepted refused future wait list

LANDLORD INFORMATION

In order to complete your landlord reference check, please provide the following information.

Current Landlord	
Contact Name	
Address	Unit#
Day Phone#	Evening Phone#
Move-In Date (mm/yyyy)	
Current Rent Paid Monthly \$	
Reason for Leaving:	

Previous Landlord if less than 3 years	
Contact Name	
Address	Unit#
Day Phone#	Evening Phone#
Move-In Date (mm/yyyy)	
Current Rent Paid Monthly \$	
Reason for Leaving:	

As part of the application process, Good Shepherd Non-Profit Homes will conduct a reference check with your previous/past landlord. Your signature below grants us permission.

I understand that any information on this form given to GSNPH for the purpose of reference checks shall be kept confidential.

Applicant Name (Please Print): _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____