



SAINT BASIL (BRANTFORD) COMMUNITY HOMES INC.
73 PEARL ST, BRANTFORD, ONTARIO N3T 3N8
519-759-4799 admin@jayceehomes.ca

MARKET RENT APPLICATION

ALL UNITS - NO SMOKING

NOTE: THE TENANT PAYS THE UTILITIES AND PROVIDES THEIR OWN APPLIANCES

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

This application must be signed by all household members 16 years of age and older

- Please print and fill out all sections of the application form; incomplete applications will be returned
- You may be requested to provide documents to verify any information you have included in your application.
- Carefully read the “Release and Consent” and “Declaration”
- Mail, fax, email or deliver your application to:

Saint Basil (Brantford) Community Homes Inc

73 Pearl Street

Brantford, ON N3T 3N8

Tel: 519-759-4799 Fax: 519-759-1223

E-mail: admin@jayceehomes.ca

Office Hours: Tuesday-Friday 10:00am-4:00 PM

IMPORTANT: WE KEEP YOUR APPLICATION ON FILE FOR ONE YEAR. AFTER ONE YEAR IT IS SHREDDED, PLEASE CALL TO COMPLETE A NEW APPLICATION.

NOTE: Utilities, Fridge, Stove and 1 parking Space is Included

If there are changes to the information in this application, you must report. Please call or email the office with any changes.

Your personal information contained on this form or in attachments is collected, pursuant to the *Social Housing Reform Act, 2011*, Sections 162, 163, 164 and 165 or the *Municipal Freedom of Information and Protection of Privacy Act, (R.S.O. 2000, c M.56)*.

All applicants must consent to the verification, disclosure and the transfer of information given on this form and attachments by or to any of the above entities and you are required to provide supporting material.

APPLICATION FOR HOUSING (MARKET RENT)

Unit Selection: **1BDRM** **2BDRM** **3BDRM** **4BRD**
 (circle all that is applicable)

1. Applicant

| | | | | |
|--|---------|---------------|--|-------------------------------|
| Last Name | | First Name | Date of Birth(dd/mm/yyyy) | Maiden or Alternate Last Name |
| Apt # & Street # | Address | | | Email Address. |
| Town/Municipality | | | Postal Code | Home Telephone No. |
| Person to contact in your absence or to act as interpreter | Name | Telephone No. | Relationship to applicant (circle one) Friend Other Relative Interpreter | |

2. Present Employment of Applicant (Also complete if self-employed)

| | | | | |
|-------------------------|--------------------|---------------|---|---|
| Present Employer's Name | | | Telephone No. | |
| Address Where Employed | | | Length of Employment with present employer year(s) month(s) | |
| Occupation | Name of Department | Telephone No. | Extension | Can you take personal calls? Yes No |

3. Co-Applicant

| | | | | |
|---------------------------|---------|------------|---------------------------|-------------------------------|
| Last Name | | First Name | Date of Birth(dd/mm/yyyy) | Maiden or Alternate Last Name |
| Apt # & Street # | Address | | | Email Address |
| Town/Municipality | | | Postal Code | Contact Number |
| Relationship to Applicant | | | | |

4. Present Employment of Co-Applicant (Also complete if self-employed)

| | | | | |
|-------------------------|--------------------|---------------|---|---|
| Present Employer's Name | | | Email address (if applicable) | |
| Address Where Employed | | | Length of Employment with present employer year(s) month(s) | |
| Occupation | Name of Department | Telephone No. | Extension | Can you take personal calls? Yes No |

5. Present Accommodation of Applicant(s)

| | | | |
|---|--|-------|---------------|
| Present Landlord's Name | | Email | Telephone No. |
| How long have you lived at present address? _____ year(s) _____ month(s) | | | |

6. Previous Landlord and Residential History

| | | | |
|--------------------------|------|-------|--------------------|
| Previous Landlord's Name | | Email | Telephone No. |
| Previous Address | From | To | Reason for Leaving |

7. Financial Information

| Income (please list all applicants) | | | | | | | |
|--|---|---------------|---------------|----------------|----------------------|---|--------------|
| Source of Income | Gross Monthly Income (Before Deductions) | | | | | | |
| | Applicant | Co-Applicant | | | Other Family Members | | |
| Employment (From All Employers) | \$ | \$ | | | \$ | | |
| Social Assistance | \$ | \$ | | | \$ | | |
| Old Age Security | \$ | \$ | | | \$ | | |
| Alimony / Support | \$ | \$ | | | \$ | | |
| Employment Insurance (E.I.) | \$ | \$ | | | \$ | | |
| Other (SPECIFY) | \$ | \$ | | | \$ | | |
| Banking Information | | | | | | | |
| Bank Name 1. | Branch Address | | | Account Number | | | |
| 2. | | | | | | | |
| Other Persons/Family Members to Reside in Accommodation applied for | | | | | | | |
| Last Name | First Name | Date of Birth | | | Sex | | Relationship |
| | | Day | Month | Year | M | F | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Person to be notified in case of Emergency (Next of Kin, Sponsor, Friend) | | | | | | | |
| Next of Kin / Sponsor Name | Address | | Telephone No. | | Relationship | | |
| 1. | | | | | | | |
| 2. | | | | | | | |

DECLARATION

"I/We make the following Representations and Warranties knowing that they will be relied upon by Jaycees Brantford Non-Profit Homes or St. Basil Brantford Community Homes to assess my qualifications for rental accommodations."

- a. The information given in the form is accurate and complete.
- b. I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by me and those members of my family approved by Jaycees Brantford Non-Profit Homes Corporation
- c. I do / do not owe money to any landlord and/or utility company.

"I/We give my consent and authorization to **Saint Basil (Brantford) Community Home Inc.** to make any inquiries that it deems necessary to verify the information given in this form and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to **Saint Basil (Brantford) Community Home Inc.** I agree to provide further material that **Saint Basil (Brantford) Community Home Inc.**

I / We understand that this home is a **SMOKE FREE** Home and are willing to sign a lease with this restriction.

SIGNATURE TENANT #1

DATE

SIGNATURE TENANT #2

DATE

