

Anand Bhavan Seniors Residence

Application for Housing Admission

Please print clearly and fill out all sections. If you need more space to write your response, please attach a separate piece of paper.

Apartment Size Required:	<input type="checkbox"/> One Bedroom	<input type="checkbox"/> One Bedroom Barrier-Free	<input type="checkbox"/> Two Bedroom
Building Address	Unit #	Rental Rate \$	Parking Required Y/N
Date Required			

Section 1 – PERSONAL INFORMATION

APPLICANT'S Full Name:			H Phone #
			W Phone #
First	Initial	Surname	Email Address:
SIN (Optional)	Date of Birth	Emergency Contact:	
CO-APPLICANT'S Full Name:			H Phone #
			W Phone #
First	Initial	Surname	Email Address:
SIN (Optional)	Date of Birth	Emergency Contact:	
OTHER RESIDENTS (TO BE USED FOR EMERGENCY PURPOSES ONLY)		RELATIONSHIP	AGE (Optional)

Do you, or does anyone listed on the application require supports to live independently? Yes No
 If yes, please specify what type of support service(s) are required and how they are provided.

Section 2 – LEGAL STATUS IN CANADA

Name	Relationship to Applicant	Status in Canada	Has a deportation, departure or exclusion order to leave Canada been issued?
	SELF	<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee claimant	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Relationship to Applicant	Status in Canada	Has a deportation, departure or exclusion order to leave Canada been issued?
		<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee claimant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee claimant	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Refugee claimant	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – RESIDENTIAL HISTORY

Present Address:		How long there:	Rent amount
City:		Province:	Postal Code:
Landlord	Phone #	Reason for leaving:	
Previous Address:		How long there:	Rent amount
City:		Province:	Postal Code:
Landlord	Phone #	Reason for leaving:	
Previous Address:		How long there:	Rent amount
City:		Province:	Postal Code:
Landlord	Phone #	Reason for leaving:	

Do you, or does anyone named on this application owe money to any social housing provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the Landlord's name, address and telephone number:		
Landlord	Phone #	Amount owed:
Address:		
City:	Province:	Postal Code:

Have you, or anyone named on this application been convicted of an offence related to rent-geared-to-income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:		

Have you, or anyone named on this application been found by a court of law or the Landlord and Tenant Board to have misrepresented your/their income for the purpose of rent-geared-to-income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please describe:	

Section 4: - EMPLOYMENT INCOME

APPLICANT'S EMPLOYMENT INFORMATION		
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		
Employer	<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment
Employer's Address		
Supervisor/Caseworker	Phone #	Income
CO-APPLICANT'S EMPLOYMENT INFORMATION		
Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		
Employer	<input type="checkbox"/> Current <input type="checkbox"/> Previous	Length of Employment
Employer's Address		
Supervisor/Caseworker	Phone #	Income

Section 5 –REFERENCES

Bank Reference	Address	
Chequing Account #	Savings Account #	
Credit Reference	Credit Account #	
Address	Phone #	
Personal Reference	Address	Phone #

LOANS

Institution	Address	Monthly Payment	Balance
1.			
2.			
3.			
AUTOMOBILES			
Make/Model	Year/Colour	License Plate Number	Province
1.			
2.			

Section 6 – OTHER INFORMATION

In Case of Emergency Contact:	Phone #
Address	Relationship

Section 7 – DEPOSIT

Note: Upon execution of the lease and occupancy of the premises by the tenant(s), the deposit, if there is one, shall become the rent deposit to be applied towards the last month's rent. If the lease is not executed and a tenancy not created, the deposit will be returned immediately.

If a lease is executed, the tenant(s) shall be required to pay the rent for the first month of the tenancy prior to the commencement date of the tenancy. Failure to pay the first month's rent as agreed will amount to a fundamental breach of this agreement, and the tenancy agreement will be null and void and the funds held on deposit returned to the prospective tenant(s) immediately. The tenant's right to occupy the rental unit does not commence until such time as all required payments have been made.

A deposit of \$_____ was paid on the _____ day of _____. Said deposit was paid to the landlord by _____ by Cheque / Cash / Money Order / VISA / Mastercard. This deposit will be applied as follows:

Last month's Rent \$_____ Security Deposit \$N/A First Month's Rent \$_____

Balance to Follow \$_____ payable as _____ on or before _____.

I hereby certify that the above information is true and complete and that I have not withheld any information relevant to this application. It is also understood that the property management and/or owner reserve the right to reject this application at their sole discretion subject to the full return of any rent deposit paid. I have read and understand these conditions.

Signatures of all household members:

Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date

Section 8 – ACKNOWLEDGEMENTS, PRIVACY AND CONSENT INFORMATION

The undersigned acknowledges and agrees that this application for tenancy in no way constitutes a tenancy agreement between the Landlord and the applicant to rent any rental premises, and I/we understand that any tenancy agreement or lease will be entered into only upon the acceptance of this application by the Landlord, and is subject to the provisions and conditions described herein.

The undersigned acknowledges and agrees that I/we have been afforded the opportunity to examine the Landlord’s privacy policy, and understand that refusal to provide certain information may result in our tenancy being refused if the Landlord cannot determine credit or tenant worthiness.

The undersigned agrees that upon the Landlord’s acceptance of this application, a binding tenancy agreement shall be created between the parties, and the undersigned shall enter into a written tenancy agreement on the Landlord’s usual form prior to possession of the premises, and the deposit shall be applied as set out above, and the undersigned shall take possession of the rental unit upon the terms set out herein.

This consent information is required in order that the Landlord may comply with the federal *Personal Information Protection and Electronic Document Act*. The Landlord agrees to keep the supporting documentation in this application confidential except as described herein.

I/we hereby give permission to the Landlord or their Agent(s) to obtain at any time a consumer/credit report about me/us, to contact previous landlords to obtain information about my/our previous tenancies, to contact agencies that provide Landlord information, to contact my employers and references, and to take any other reasonable steps necessary to assess this Rental Application, or for any renewal or extension of my/our tenancy.

I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information in my Rental Application and any information arising from any tenancy between us to any third party for the purposes of providing a consumer/credit report or contributing information to a database of tenant information made available to Landlords or their Agents.

I/we also provide my/our consent to the Landlord or their Agent(s) to disclose information contained herein and any information in the tenancy agreement to present or future mortgagees, potential purchasers, utility providers, accountants, government agencies, financial institutions, insurance providers, telecommunications providers, financial institutions, lenders and prospective lenders.

I/we also provide our consent to any inquiries with respect to my/our personal information taking the form of electronic data exchanges.

This consent is given under the provisions of the *Personal Information Protection and Electronic Document Act*. This consent is valid until revoked in writing. A tenant or prospective tenant may, at any time, request from the Landlord's Privacy Officer our complete Privacy Policy, and may request that said officer provide information about the data collected and retained with respect to the tenant or prospective tenant, and may also obtain a Privacy Complaint Form for the purpose of resolving disputes with respect to the use of said information.

Signatures of all household members:

Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date
Household Member (Please print name)	Signature	Date

Personal information contained in this form or in any attachments to it is collected by Voice of the Vedas Cultural Sabha Inc. and Anand Bhavan Seniors Residence pursuant to the *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990 c F.31) and will be used only as set out in this form. The information will be used to determine current eligibility for occupancy, as well as for statistical reporting.