



# CAMBRIDGE KIWANIS HOUSING

Unit A – 350 Linden Drive  
 Cambridge, ON N3H 5N7  
 (519) 650-5437

## APPLICATION FOR BELOW AVERAGE MARKET RENT HOUSING **SMOKE-FREE BUILDING at 365 LINDEN DRIVE**

Apartments at 365 Linden Drive are rented at “*Below Average Market Rent*” therefore the household income of applicants must be below a prescribed threshold in order to be eligible to live in these apartments. Applicants must provide the necessary documentation to verify their household income, including a copy of their most recent Canada Revenue Agency *Notice of Assessment* and pay stub.

| <b>Applicant #1 please print</b>  |              |   |                  |                    |
|---|--------------|---|------------------|--------------------|
| Last Name:  |              | First Name:   |                  | Middle Name:       |
| Date of Birth (mm/dd/yyyy):   |              | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law<br><input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) |                  |                    |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |              | Social Insurance Number:  |                  |                    |
| Current Housing:<br><input type="checkbox"/> Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> Staying with Relatives <input type="checkbox"/> Other (specify) _____ |              |   |                  |                    |
| Current Address:  |              |   |                  | Unit #:            |
| City:   |              | Province:   |                  | Postal Code:       |
| Mailing Address (if different from above)   |              |   |                  |                    |
| Home Phone:   |              | Cell Phone:   |                  | Work Phone:        |
| Date Moved In:  |              | Landlord's Name:  |                  | Landlord's Phone:  |
| List all previous addresses for the last 5 years  |              |   |                  |                    |
| Previous Address  | Move In Date | Move Out Date   | Name of Landlord | Landlord's Phone # |
|   |              |   |                  |                    |
|   |              |   |                  |                    |
|   |              |   |                  |                    |

| <b>Applicant #2 please print</b>  |  |   |  |                   |
|---|--|---|--|-------------------|
| Last Name:  |  | First Name:   |  | Middle Name:      |
| Date of Birth (mm/dd/yyyy):   |  | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law<br><input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) |  |                   |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | Social Insurance Number:  |  |                   |
| Current Housing:<br><input type="checkbox"/> Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> Staying with Relatives <input type="checkbox"/> Other (specify) _____ |  |   |  |                   |
| Current Address:  |  |   |  | Unit #:           |
| City:   |  | Province:   |  | Postal Code:      |
| Mailing Address (if different from above)   |  |   |  |                   |
| Home Phone:   |  | Cell Phone:   |  | Work Phone:       |
| Date Moved In:  |  | Landlord's Name:  |  | Landlord's Phone: |

Date Received:

| List all previous addresses for the last 5 years |              |               |                  |                    |
|--|--------------|---------------|------------------|--------------------|
| Previous Address                                 | Move In Date | Move Out Date | Name of Landlord | Landlord's Phone # |
|  |              |               |                  |                    |
|  |              |               |                  |                    |
|  |              |               |                  |                    |

| Others Who Will Reside With You please print |            |                     |                            |               |   |
|--|------------|---------------------|----------------------------|---------------|---|
| Last Name                                    | First Name | Relationship to You | Date of Birth (mm/dd/yyyy) | Gender M or F | Attending School? If so, name of school |
|  |            |                     |                            |               |   |
|  |            |                     |                            |               |   |

| Unit Requirements       |  |
|-------------------------|--|
| Size of Unit:           | <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom  |
| Do you require parking? | <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, how many spaces? _____<br>(\$15.00 per month; available at 355 Linden Drive or 360 Linden Drive) |
| Do you own a pet?       | <input type="checkbox"/> Cat(s) quantity _____ <input type="checkbox"/> Dog(s) quantity _____<br><input type="checkbox"/> Other (specify) _____                        |

| Current Housing Costs Per Month  |                 |
|----------------------------------|-----------------|
| Rent/Mortgage: \$ _____          | Heat: \$ _____  |
| Property Taxes: \$ _____         | Hydro: \$ _____ |
| Home/Tenants Insurance: \$ _____ | Water: \$ _____ |

| All Household Sources of Income (Check as many boxes as apply <input checked="" type="checkbox"/> ) |  |
|---|--|
| <input type="checkbox"/> Employed/Self-Employed \$ _____  | <input type="checkbox"/> Ontario Works \$ _____                      |
| <input type="checkbox"/> Canada Pension Plan \$ _____   | <input type="checkbox"/> Ontario Disability Support Program \$ _____ |
| <input type="checkbox"/> Old Age Security \$ _____  | <input type="checkbox"/> RRSP \$ _____                               |
| <input type="checkbox"/> Guaranteed Income Supplement \$ _____                                      | <input type="checkbox"/> Annuity \$ _____                            |
| <input type="checkbox"/> Guaranteed Annual Income System \$ _____                                   | <input type="checkbox"/> Investments \$ _____                        |
| <input type="checkbox"/> Private Pension \$ _____   | <input type="checkbox"/> Other (specify) _____ \$ _____              |

| Value of Assets                     |                                 |
|-------------------------------------|---------------------------------|
| Total Savings in Bank: \$ _____     | Real Estate (approx.): \$ _____ |
| Certificates/Stocks/Bonds: \$ _____ | Other (specify): _____ \$ _____ |

| Emergency Contact   |                      |
|---|----------------------|
| If we need to reach you quickly, who can we call? Provide name/daytime phone number where we can leave a message for you. |                      |
| Name:   | Phone: Daytime _____ |
| Relationship to you:  | Evening _____        |
|   | Cell _____           |

| FOR OFFICE USE ONLY: |                     |
|----------------------|---------------------|
| Date Received: _____ | Date Entered: _____ |

## Declaration and Consent Regarding the Collection, Use and Disclosure of Personal Information

### Why Does CKH Collect and Use of Your Personal Information?

Cambridge Kiwanis Housing will collect, retain, and use the personal information provided by you in this form and its attachments for the following purposes:

- reviewing your tenancy history, including credit check and rent arrears;
- considering your application for tenancy and verifying the information that you have provided;
- meeting legal and regulatory requirements arising out of or relating to your tenancy;
- for the use of Cambridge Kiwanis Housing’s auditor to verify our financial records;
- for the purpose of contacting necessary services or your next-of-kin in case of emergency.

### With Whom Might CKH Share Your Personal Information?

Cambridge Kiwanis Housing will disclose the personal information provided by you to the following parties for the purposes described above;

- To any social agency providing any form of assistance or other government subsidy to you under the *Ontario Works Act, 1997* **OR** the *Ontario Disability Support Program Act, 1997* **OR** the *Day Nurseries Act*, or any government department responsible for social housing programs under the *Housing Services Act* **OR** our housing service agreement with The Regional Municipality of Waterloo;
- To the Government of Canada, a department, ministry or agency of it, without further notice to you if the information is necessary for the purpose of administering or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of Cambridge Kiwanis Housing for the purposes of complying with the *Housing Services Act*;
- To relevant agencies or next of kin in case of emergency;
- To credit bureaus and other businesses that provide credit or rental history information;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of Cambridge Kiwanis Housing.

### Declaration and Consent

I make the following pledge knowing that it will be relied upon by Cambridge Kiwanis Housing to assess my household’s eligibility for Below Average Market Rent housing:

1. I have read and understand Appendix 1 “*Definitions of Income and Assets and Required Proof of Each*” (attached). I have also read and understand the information about Collection, Use, and Disclosure of Personal Information.
2. I understand that in order to be eligible for *Below Average Market Rent* housing I must provide Cambridge Kiwanis Housing with accurate & complete information. No household income or assets have been omitted from this form.
3. I authorize and agree that Cambridge Kiwanis Housing may collect, use, and disclose the information I have provided on this form.
4. I authorize Cambridge Kiwanis Housing to make any inquiries that it deems necessary to verify the information given on this form. I authorize any persons, corporation or any social agency having knowledge of any pertinent or relevant information to release such information to Cambridge Kiwanis Housing.
5. This form and all supporting documents become the property of Cambridge Kiwanis Housing.
6. All household members 16 years of age or older have signed this “Declaration and Consent”.

x \_\_\_\_\_  
Signature Applicant # 1

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Signature Applicant #2

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

## Appendix 1 – Definitions of Income and Assets and Required Proof of Each

“Income” means all gross income, benefits and gains of every kind and from every source. “Gross household income” means the income of every household member who lives in the unit. Some income may be excluded for rent-geared-to-income assistance purposes, but must still be reported. The following table lists possible sources of income and assets and the documentation required by Cambridge Kiwanis Housing to verify these. **If you have questions, please contact the Management Office at (519) 650-5437 ex. #3 or (519) 650-4403.**

| Type of Income or Asset  | Proof Required  |
|--|---|
| <b>ALL HOUSEHOLDS MUST PROVIDE</b><br><b>Most recent Income Tax Notice of Assessment from government</b>   |   |
| <b>If you are EMPLOYED</b>   |   |
| <ul style="list-style-type: none"> <li>• Full-time, part-time, casual, seasonal, overtime, premiums</li> <li>• Commissions, tips, bonuses</li> <li>• Strike Pay</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Pay stubs</b> (for at least the last 2 months)</li> <li>• Completed <b>Employment Verification form</b>, or <b>Letter from employer or agency</b> indicating gross income or average earnings and employment start date</li> </ul>  |
| <b>If you receive SOCIAL ASSISTANCE</b>  |   |
| <ul style="list-style-type: none"> <li>• OW (Ontario Works)</li> <li>• ODSP (Ontario Disability Support Program)</li> </ul>  | <ul style="list-style-type: none"> <li>• Drug or dental card AND most recent cheque stub</li> </ul>   |
| <b>If you receive SUPPORT PAYMENTS/ INCOME</b>   |   |
| <ul style="list-style-type: none"> <li>• Alimony/ separation support }<br/>• Child support }<br/>• WSIB (Workplace Safety and Insurance Board) }<br/>• EI (Employment Insurance) }</li> </ul>  | <ul style="list-style-type: none"> <li>• Spousal or child support agreement (s) or sworn affidavit including applicant and ex-spouse's signatures or letter from lawyer</li> <li>• Cheque stub or letter from government agency</li> </ul>  |
| <b>If you have PENSIONS and/or ALLOWANCES</b>  |   |
| <ul style="list-style-type: none"> <li>• OAS (Old Age Security); GIS; GAINS</li> <li>• CPP/QPP (Canada Pension), CPP Disability, Survivor's Pension }<br/>• DVA (War Veteran's Allowance) }</li> <li>• Other Government Pensions – eg. War Disability</li> <li>• Private retirement pensions including foreign country</li> <li>• Training Allowances</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Current Record of Pension Earnings</b> – to obtain, call Federal Income Security Program at 1-800-277-9914</li> <li>• Letter from government agency/ union issuing payment</li> <li>• Private pensions – Statement from employer</li> </ul>   |
| <b>If you are SELF-EMPLOYED</b>  |   |
| <p>Examples:</p> <ul style="list-style-type: none"> <li>• Contracted Services</li> <li>• Tutoring</li> <li>• Babysitting/Child Care</li> <li>• Taxi</li> <li>• Home Business</li> <li>• Other</li> </ul>   | <ul style="list-style-type: none"> <li>• If self-employed <i>less than one year</i>:<br/>- Affidavit of earnings and expenses sworn before a Notary Public or Commissioner of Oaths.</li> <li>• If self-employed <i>over one year</i>:<br/>- Financial statements prepared by a public accountant; or<br/>- Completed T1 Income Tax Return and Notice of Assessment (Tax) from Canada Revenue Agency</li> </ul> |
| <b>If you have ASSETS</b>  |   |
| <ul style="list-style-type: none"> <li>• Interest and dividends from all investments (stocks, bonds, bank/ trust/ credit union accounts, shares, securities, annuities) }</li> <li>• Registered Retirement Savings Plan (RRSP)</li> <li>• Registered Education Savings Plan (RESP)</li> <li>• RRIF (Registered Retirement Income Fund)/ Annuity(ies)</li> <li>• Life Insurance (with a cash surrender value)</li> <li>• Real Estate (house, land, cottage)</li> <li>• Term Deposits/Guaranteed Investment Certificates (GICs)</li> </ul> | <ul style="list-style-type: none"> <li>• Completed "<b>Verification of Assets</b>" form (from bank or financial institution)</li> <li>• T3 or T5 tax slips</li> <li>• RRSP Statement(s)</li> <li>• RESP Statement(s)</li> <li>• Annuities – Statement from issuer</li> <li>• Life Insurance Policy(ies)</li> <li>• Real Estate Appraisal(s)</li> <li>• Term Deposit(s) or GIC Certificate(s)</li> </ul>         |