



CAMBRIDGE KIWANIS HOUSING

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

APPLICATION FOR MARKET RENT

| Applicant #1 please print | | | | |
|---|--------------|---|------------------|--|
| 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 <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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 # |
| | | | | |
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| Applicant #2 please print | | | | |
|---|--------------|---|------------------|--|
| 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 <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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 # |
| | | | | |
| | | | | |

| 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 |
| | | | | | |
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| | | | | | |
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| Unit Requirements | |
|-------------------|---|
| Size of Unit: | <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom <input type="checkbox"/> Townhouse (3 bedroom only) |

| 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 _____ Evening _____ Cell _____ |
| Relationship to you: | |
| Do you give us permission to talk about your application with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Source of Income | |
|--|------------------------|
| <input type="checkbox"/> EMPLOYMENT PENSIONS: <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> GIS <input type="checkbox"/> GAINS <input type="checkbox"/> PRIVATE <input type="checkbox"/> RRSP <input type="checkbox"/> ANNUITY <input type="checkbox"/> ONTARIO WORKS <input type="checkbox"/> ODSP <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> INVESTMENTS <input type="checkbox"/> OTHER (specify) _____ | |
| AVERAGE MONTHLY INCOME \$ _____ | ANNUAL INCOME \$ _____ |

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

All applicants 16 years of age or older are required to read and sign this declaration. Additional copies are available at the office as requested.

What is Your Personal Information?

Personal information consists of facts or opinions, written or said, about you by which you can be identified. This includes information in any form, such as:

- age, name, ID numbers, income, assets, household composition, residency status in Canada, past rental history, rent payment record, etc;
- opinions, evaluations, comments, social status, or disciplinary actions; and
- employee files, credit records, loan records, medical records, existence of a dispute between a landlord and a applicant, intentions (for example, to acquire goods or services, or change jobs).

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 in your application and its attachments;
- calculating your rent;
- 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 in this form 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 *Social Housing Reform 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 *Social Housing Reform 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.

. . . . Continued on page 7

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 rent subsidy and to establish the rent charge:

1. I have read and understand the information about Collection, Use, and Disclosure of Personal Information.
2. I authorize and agree that Cambridge Kiwanis Housing may collect, use, and disclose the personal information that I have provided on this form and its attachments. I understand and acknowledge that Cambridge Kiwanis Housing will also collect, use, and disclose my personal information as required or permitted by law.
3. 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.
4. This form and all supporting documents become the property of Cambridge Kiwanis Housing.
5. I understand that by signing below, Cambridge Kiwanis Housing may perform a credit check on both the applicant and co-applicant.
6. All household members 16 years of age or older have signed this "Declaration and Consent".

Signatures must be witnessed

| | | |
|--|------------------------------|---------------|
| <u>x</u> _____ Signature Applicant # 1 | _____ Witness's Signature | _____ Date |
| <u>x</u> _____ Signature Applicant #2 | _____ Witness's Signature | _____ Date |
| <u>x</u> _____ Signature Applicant # 3 | _____ Witness's Signature | _____ Date |
| <u>x</u> _____ Signature Applicant # 4 | _____ Witness's Signature | _____ Date |