

APPLICATION #
DATE REC'D:

HOUSING CAMBRIDGE
APPLICATION (Market Units)
Cambridge Non-Profit Housing Corporation

APPLICANT INFORMATION

Applicant Name:	
Date of Birth:	SIN:
Co-applicant Name:	
Date of Birth:	SIN:
Applicant Street Address or P.O. Box:	
Municipality:	Province:
Postal Code:	Phone:
Email:	Cell:
Co-applicant Street Address or P.O. Box (if different than applicant):	
Municipality:	Province:
Postal Code:	Phone:
Email:	Cell:
Alternate Contact:	Phone:

OTHER MEMBERS TO RESIDE IN ACCOMMODATION APPLIED FOR

LAST NAME	FIRST NAME	BIRTHDATE	GENDER	RELATIONSHIP

TYPE OF ACCOMMODATION APPLIED FOR

<p><u>Unit Type:</u> <input type="checkbox"/> Apartment <input type="checkbox"/> Townhome <input type="checkbox"/> Accessible Unit</p> <p><u>No. of Bedrooms:</u> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four</p>
<p><u>Site(s):</u></p> <p><input type="checkbox"/> 70 Elgin Street S. <input type="checkbox"/> 182 Queen Street W. <input type="checkbox"/> 18-22 Borden Street <input type="checkbox"/> 50 Mullin Crescent</p> <p><input type="checkbox"/> 325 Myers Road <input type="checkbox"/> 75 Anglerock Drive <input type="checkbox"/> 263 St. Andrew's Street (Seniors) <input type="checkbox"/> 650 Eagle Street N. (Seniors)</p>

PRESENT ACCOMMODATION (to be filled in by primary applicant)

Present Accommodation: <input type="checkbox"/> Apartment <input type="checkbox"/> Own Home <input type="checkbox"/> Board With Relatives <input type="checkbox"/> Other (Specify) _____		
# of bedrooms	Present Landlord's Name: Address: Phone:	Previous Landlord's Name: Address: Phone:

HOUSING COSTS PER MONTH

Rent: \$ _____	Mortgage Payments: \$ _____
Heat: \$ _____	Property Taxes/Home Insurance: \$ _____
Hydro: \$ _____	Water Costs: \$ _____

HOUSEHOLD INCOME PER MONTH

Old Age Security \$ _____	Employment Earnings \$ _____
Supplements (i.e. Gains) \$ _____	Ontario Works (OW) \$ _____
Canada Pension Plan (CPP) \$ _____	ODSP \$ _____
Private Pension \$ _____	E.I. \$ _____
War Veteran's Pension \$ _____	Worker's Compensation \$ _____
Disability Pension \$ _____	Other: (specify) \$ _____

VALUE OF ASSETS

Total Savings in Bank \$ _____	Real Estate(Approx.) \$ _____
Certificates/Stocks/Bonds \$ _____	Other (specify) _____ \$ _____

DECLARATION AND CONSENT

Personal information contained on this form is collected by Cambridge Non-Profit Housing Corporation, pursuant to the Social Housing Reform Act (2000), and will be used to determine eligibility for housing applied for. Personal information contained on this form may be shared with housing providers, housing staff with the Region of Waterloo, as well as support service or community agencies providing assistance to the applicant(s).

The applicant(s) consents to the sharing/collection of the information given on this form and attachments to the above mentioned entities. The applicant(s) also consents to the exchange of information between the Waterloo Region Co-ordinated Access System and the party/parties providing supporting documentation / information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information.

Finally, the application consents to allow Cambridge Non-Profit Housing Corporation to gather references from former landlords and to complete a credit check as part of this application process.

I declare that the information given on this application is true, accurate and complete. If the information given is not true, accurate and complete, I understand it may result in the cancellation of my application.

APPLICANT SIGNATURE:	DATE:
CO-APPLICANT SIGNATURE:	DATE: