



CMHC SECTION 95 RENTAL APPLICATION

APPLICATION INFORMATION

Identification #:

<input type="radio"/> GRFN Registered Band Member	Band #	<input type="radio"/> Membership Confirmation
Name:		
Date of birth:	Phone:	Email:
Current address:		
City:	Province:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent: \$ _ _ _ _	How long? _ _ Months _ _ _ Year(s)

Previous address:		
City:	Province:	Postal Code:
Owned Rented (Please circle)	Monthly payment or rent: \$ _ _ _ _	How long? _ _ Months _ _ _ Year(s)
Have you ever been evicted or breach a Lease Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	Are there monies or arrears owing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is amount owing? \$	

Employment Information

Current employer:		
Employer address:		How long? _ _ _ _
Phone:	E-mail:	Manager or Supervisor:
<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Please Check)	Position:	Other Income (If unemployed):
If unemployed, source of income (Please identify source(s) & attach to application:		

Emergency Contact

Name of a person not residing with you:		
Address:		
City:	Province:	Postal Code:
Relationship:		Phone:



Income

Income means ALL money you or co-applicant (if applicable) receive from all sources:

Source	Total Monthly Income from Source:
<input type="checkbox"/> Ontario Works	
<input type="checkbox"/> Ontario Disability Support Program	
<input type="checkbox"/> Employment Insurance	
<input type="checkbox"/> Ontario Old Age Security	
<input type="checkbox"/> Other	

Household Information

Please provide information about all person(s) that will be residing in the Unit

First Name	Last Name	Relationship	Date of Birth	GRFN Band Member	Membership Verification
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CO-APPLICANT INFORMATION (IF APPLICABLE)

GRFN Registered Band Member
 GRFN Affiliated Member
 Non Band Member

Name: _____

Date of birth: _____ Phone: _____ Email: _____

Current address: _____

City: _____ Province: _____ Postal Code: _____

Own
 Rent
 (Please circle)
 Monthly payment or rent: \$ _____
 How long? _____ Months _____ Year(s)

Previous address: _____

City: _____ Province: _____ Postal Code: _____

Owned
 Rented
 (Please circle)
 Monthly payment or rent: \$ _____
 How long? _____ Months _____ Year(s)

Co-Applicant Employment Information

Current employer: _____

Employer address: _____ How long? _____

Phone: _____ E-mail: _____ Fax: _____

City: _____ Province: _____ Postal Code: _____

Position: _____ [^] Hourly [^] Salary (Please Check) Annual income: \$ _____



References (Landlord Reference Document must be completed and attached)

Name:	Address:	Phone:

All statements in this Application are true and to the best of my/our ability and knowledge and have the belief that no information required has been concealed or omitted. Furthermore, I/we fully understand that this Application doesn't constitute an Agreement on part of the Garden River First Nation to provide me with accommodations, and I/we further acknowledge this Application will remain the property of the Garden River First Nation.

As well, I/we give permission to the Garden River First Nation Housing Department to contact references and landlords. Furthermore, all information in this Application will remain strictly confidential.

Applicant Signature

Co-Applicant Signature

By submitting this Application, I/we authorize an investigation of my/our current and employment history and credit history. In the event that my/our account becomes delinquent, I/we do authorize Garden River First Nation Housing Department to forward my account to the Credit Bureau for Collections. By signing below, I/we have read and understand this document and are agreeing to the Terms and Conditions set out.

Applicant Name (please print):

Applicant Signature:

Date:

Co-Applicant Name (please print):

Co-Applicant Signature:

Date:

Witness Name (please print):

Witness Signature:

Date: