

**Pathway Housing & Support Services Inc.**

1155 Queens Street E, Brampton, Ontario L6T 0G2

Norton Lake Office Number: 905.796.8684

Email: nortonlake@pathwayhousing.ca

Market Rental Application**Application**Social Insurance Number

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Surname

First Name

 Middle Name

Date of Birth
Yr.

 Mo.

 Day

Sex
 M FMarital Status

Phone Number
Home

Can you take personal calls? Yes No
Bus

 Ext.

Address

Apt No

City

Postal Code

Previous Address

Apt No

City

Postal Code

Co-applicantSocial Insurance Number

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Surname

First Name

 Middle Name

Date of Birth
Yr.

 Mo.

 Day

Sex
 M FMarital Status

Phone Number
Home

Can you take personal calls? Yes No
Bus

 Ext.

Address

Apt No

City

Postal Code

Previous Address

Apt No

City

Postal Code

Who can we contact if we cannot reach you or your co-applicant?Telephone Home

 -

Name

Relationship

Bus

 -

Other Household Members (Include only those who will live with you)Surname

 First Name

 Middle Name

Sex M F Date of Birth Yr

 Mo

 Day

 Social Insurance No.

 Student Yes No
Relationship

Surname

 First Name

 Middle Name

Sex M F Date of Birth Yr

 Mo

 Day

 Social Insurance No.

 Student Yes No
Relationship

Surname

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 First Name

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 Social Insurance No.

 Student Yes No
Relationship

Sex M F Date of Birth Yr

 Mo

 Day

 Social Insurance No.

 Student Yes No

If more household members attach separate sheet.

Is anyone in your household expecting a baby? Yes No Due Date

Do you require a handicapped unit? Yes No**Have you or anyone in your household lived in any government assisted housing?** Yes NoMove in Date

Yr

 Mo

 Day

Address

Name used on application

Household Monthly Income

Total Monthly Income **before** deductions received by **all family members** who will live in the accommodation. Examples of income include:

- Gross salary from employment earnings plus overtime;
- Gross pension amounts such as Old Age Pension, Canada Pension Plan, Guaranteed Income Supplement;
- Gross amount of Employment Insurance, Work Place, Safety and Insurance Board benefits;
- Gross amount of Ontario works, Ontario Disability Support Program payments.

Total Monthly Income	Source of Income
Applicant \$ _____	_____
Co-applicant \$ _____	_____
Other Family Members \$ _____	_____
Total \$ _____	_____

Applicant's Employer	Address	Date Employed		To
		From	Yr.	Mo.
		Yr.	Mo.	Yr.
		Yr.	Mo.	Mo.

Assets

Do you own a house or other property? Yes No

Investments (include all bank accounts, bonde, GICs, RRSPs stocks, etc.) List type of asset and amount.

_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____

Debts

List all Loans, Credit Cards, Mortgages, etc.

Monthly Payment

Amount Owning

_____	\$	_____	\$	_____
_____	\$	_____	\$	_____
_____	\$	_____	\$	_____

Parking Requirements

Number or spots _____

Declaration and Consent

I make the following representations and warranties knowing that they will be relied on by Pathway to assess my eligibility for rental accommodation and to establish rent:

1. The information given in this form is accurate and complete;
2. I understand that if any information given on this application is incorrect, my application will be rejected; if the errors in the information are not discovered until after I am housed, proceedings shall be commenced to evict me.
3. I understand that if rental accommodation is provided to me that accommodation is to be occupied only by me and those members on my family approved by the landlord.

I give my consent and authorization to Pathway

1. to make any inquiries that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to Pathway;
2. to disclose any information given on this form or collected to verify the information given on this form to each other, to any social agency or to any other source of subsidized rental accommodation.

Today's Date _____

Applicant's Signature _____ Spouse's/Co-applicant's Signature _____

In accordance with the **Human Rights Code, 1981**, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap or receipt of public assistance.

Notice With Respect To The Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

Personal information is collected under the statutory authority of the Tenant Protection Act, S.O. 1997, C.24, s. 24(1). This information will be used to determine eligibility, special needs, provide housing to approved applicants and calculate rents. Questions about this collection should be directed to the Manger of PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL, 3023 Parkerhill Road, Box 100, Mississauga, Ont. L5B 4B3