



**GIGNUL NON-PROFIT HOUSING CORPORATION**

396 MacLaren Street, Ottawa Ontario, K2P 0M8

Tel: (613)232-0016 Fax: (613)232-1977

Which building are you applying to? (check one)

GIGNUL RGI UNITS (utilities included): \_\_\_\_\_ 388 CARMEN STREET (Seniors Lodge): \_\_\_\_\_

Please identify as one of the following:

FIRST NATIONS: \_\_\_\_\_ BAND NAME: \_\_\_\_\_ BAND NO.: \_\_\_\_\_

INUIT: \_\_\_\_\_ BENEFICIARY NO. \_\_\_\_\_

METIS: \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant (Last Name)	First Name (s)	Initial	Date of Birth (dd/mm/yy)	Social Insurance NO:
_____	_____	_____	____/____/____	____/____/____

Co Applicant ( Last Name)	First Name (s)	Initial	Date of Birth (dd/mm/yy)	Social Insurance NO:
_____	_____	_____	____/____/____	____/____/____

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Is the co-applicant your spouse? Y / N

Have you previously applied to Gignul Housing? Y / N Month: \_\_\_\_\_ Year: \_\_\_\_\_

Are you a past tenant of Gignul Housing? Y / N From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have immediate family living with Gignul Housing? Y / N Who: \_\_\_\_\_

Area of preference (if any): \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**APPLICANT:**

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_

**CO-APPLICANT:**

Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Position: \_\_\_\_\_ Starting Date: \_\_\_\_\_

**OTHER SOURCES OF INCOME**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> OW/ODSP          | <input type="checkbox"/> WORKER'S COMPENSATION | <input type="checkbox"/> EDUCATION/ TRAINING  |
| <input type="checkbox"/> OLD AGE SECURITY | <input type="checkbox"/> CANADA PENSION PLAN   | <input type="checkbox"/> EMPLOYMENT INSURANCE |
| <input type="checkbox"/> CHILD SUPPORT    | <input type="checkbox"/> DISABILITY PENSION    | <input type="checkbox"/> OTHER: _____         |

HOW LONG ON BENEFITS? \_\_\_\_\_ TOTAL MONTHLY INCOME: \_\_\_\_\_

**PLEASE SUBMIT A DOCUMENT VERIFYING YOUR MONTHLY GROSS INCOME. (ie. cheque or pay stub)**

**SOCIAL AGENCY INVOLVEMENT**

Name of Agency \_\_\_\_\_

Worker's Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

**DEPENDANTS**

NAME	RELATIONSHIP TO APPLICANT	SEX	DATE OF BIRTH (dd/mm/yy)

**OVERCROWDING**

Number of family members: 1 2 3 4 5 6 7 8 9 10      Number of bedrooms currently available to family: \_\_\_\_\_

NO. of bedrooms required: \_\_\_\_\_      Additional Comments: \_\_\_\_\_

**PRESENT ACCOMMODATION**

- Renting       Townhouse       Heat      Monthly Expenses: \$ \_\_\_\_\_  
 Family/friends       Apartment       Hydro      (please list costs) \_\_\_\_\_  
 Emergency Shelter       Room       Full Rent      \_\_\_\_\_  
Other:      Other:       Shared Rent

Name of Landlord: \_\_\_\_\_ Telephone NO: (    ) \_\_\_\_\_

How much notice must you give before moving out? \_\_\_\_ How long at present address? If less than 2 years, list previous addresses:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous landlord's name: \_\_\_\_\_ Telephone NO: (    ) \_\_\_\_\_

**PETS**

Do you have any pets?  YES  NO      Specify type of pet(s): \_\_\_\_\_

Will you give up pets if required?  YES  NO

**TENANT INSURANCE**

Do you currently have tenant insurance?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Have you ever had to purchase tenant insurance?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

**CRITICAL HOUSING REQUIREMENTS**

Is the present Landlord related or family?       YES       NO

Have you ever received a Writ of Possession or Notice of Termination       YES       NO

If yes, please give reason: \_\_\_\_\_

Are you in temporary emergency housing?       YES       NO

If yes, please give reason: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Is the present accommodation in a state of disrepair resulting in hazard [ ] YES [ ] NO

If yes, describe hazard: \_\_\_\_\_

Health conditions aggravated by current accommodation [ ] YES [ ] NO

If yes, has medical letter been attached? [ ] YES [ ] NO

Describe medical condition: \_\_\_\_\_

Does present accommodation have:

Inadequate light/ventilation? [ ] YES [ ] NO

Inadequate heating? [ ] YES [ ] NO

Inadequate kitchen facilities? [ ] YES [ ] NO

Inadequate bathroom facilities? [ ] YES [ ] NO

Inadequate recreational space? [ ] YES [ ] NO

Other inadequacies? Explain: \_\_\_\_\_ [ ] YES [ ] NO

Do you own a vehicle? [ ] YES [ ] NO

If yes, Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Do you require:

Parking space? (cost per month \$ \_\_\_\_\_ ) [ ] YES [ ] NO

Wheelchair? [ ] YES [ ] NO

Unit Adaptation? (ie., bathtub handles, railings, etc.) [ ] YES [ ] NO

Unit Accessibility ? (ie., no stairs) [ ] YES [ ] NO

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEXT OF KIN**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Phone No.: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**DECLARATION**

I declare that the information provided on this form is correct and hereby authorize Gignul Non-Profit Housing Corporation to verify any or all of the information. I understand that the completion of this application in no way guarantees that the applicants listed will be approved for occupancy.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application to the Tenant Relations Officer – Gignul Non-Profit Housing Corporation  
Gignul Non-Profit Housing Corporation is a member of Rent Credit Bureau  
Any information collected along with this application will be solely used for housing purposes only.

# Gignul Non-Profit Housing New Applicants - Consent Form

*for Collection, Use and Disclosure of Personal Information*

**What is "Personal Information"?** Personal information includes any information, recorded or not, about an individual. This could include: Names, ages, family status of household members, ID numbers, telephone number, address, household income and assets, residency status. Emergency contact and next of kin.

Landlord credit references; landlord & tenant disputes, actions of Orders. Medical conditions that may affect my tenancy or my eligibility for RGI housing. Use of community services.

**Why Are We Collecting Your Personal Information?** Considering your application for tenancy; this includes:

- Conducting a credit check and landlord check; determining appropriate unit type and size; confirming your eligibility for a local priority; verifying the information that you have provided in your application and its attachments.

**Who Can We Exchange/Obtain Personal Information With?**

- agencies providing any form of assistance, government subsidy under *the Ontario Works Act, 1997*, 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 *Gignul Non-Profit's* housing portfolio operating agreement;

## Optional Consent for Other Purposes:

The information referred to above may also be used or shared for the following purposes with your consent. You can give your consent in future, if the need arises. Or you can consent now by writing your initials by each one. All signers should add their initials here if you give your consent now.

Providing Landlord Reference Checks to a new landlord when you move out - YES \_\_\_ NO \_\_\_;

Providing information to Social Service Agencies that could provide support to you - YES \_\_\_ NO \_\_\_;

Referring you to housing support workers in other organizations for eviction prevention advice - YES \_\_\_ NO \_\_\_;

## Consent

I authorize and agree that **Gignul Non-Profit Housing** may collect, use and disclose my personal information as described above. I understand and acknowledge that, in addition to the foregoing, **Gignul Non-Profit Housing** will also collect, use and disclose my personal information as required or permitted by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **To be signed by all household members living in the unit who are sixteen years or older**

*Personal information contained on this form is collected under the authority of Part V s. 66 and under s. 162, 163, 164, and 165 of Ontario's Social Housing Reform Act 2000 and Ontario Regulation 298/01. Collection of this information complies with Ontario's Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990, c M5) and the federal Personal Information Protection and Electronic Documents Acts (R.S.O. 1990 c F31).*

**The Privacy Officer for Gignul Non Profit Housing is our TENANT RELATIONS OFFICERS – DELORES PELTIER-CORKEY & TONY CRUICKSHANK.**

Complaints or questions about the use of your personal information may be directed to **MARC MARACLE, EXECUTIVE DIRECTOR** at (613) 232-0016 or in writing to our office: **396 MACLAREN STREET, OTTAWA, ON K2P 0M8.**