GIGNUL NON-PROFIT HOUSING CORPORATION

396 MacLaren Street, Ottawa Ontario, K2P 0M8
Tel: (613)232-0016 Fax: (613)232-1977
www.gignulhousing.org

Which building are you applying to? (check one):
GIGNUL RGI UNITS (utilities included): _____ 388 CARMEN STREET (Seniors complex): _____

Please identify yourself as one of the following:
FIRST NATIONS: ___ BAND NAME:_____ BAND NO:_____
INUIT: ___ BENEFICIARY NUMBER:_____
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: ( )_____

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

[ ] SOCIAL ASSISTANCE [ ] WORKER'S COMPENSATION [ ] EDUCATION/ TRAINING
[ ] OLD AGE SECURITY [ ] CANADA PENSION PLAN [ ] EMPLOYMENT INS.
[ ] CHILD SUPPORT [ ] DISABILITY PENSION [ ] OTHER:_____

HOW LONG ON BENEFITS?_____ TOTAL MONTHLY INCOME:_____

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

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
[ ] Family/friends
[ ] Emergency Shelter
Other:

[ ] Townhouse
[ ] Apartment
[ ] Room
Other:

[ ] Heat
[ ] Hydro
[ ] Full Rent
[ ] Shared Rent

Monthly Expenses: $ _____
(please list costs) _____
_____
_____

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 below:

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

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 accommodations? [ ] 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

SOCIAL AGENCY INVOLVEMENT

Name of Agency | Worker's Name | Telephone No.

ADDITIONAL INFORMATION

NEXT OF KIN

Last Name: First Name:

Address:

Relationship to Applicant: Phone No.:

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 the Rent Check Credit Bureau Ltd.
Any information collected along with this application will be solely used for housing purposes only.