

**Niagara Falls**  
**6185 Kalar Road**

Date of Application		
____/____/____		
day	month	year

Unit Size Preferred  1 Bedroom  1 B. accessible  2 bedroom  2 B. accessible  3 Bedroom

**1. Applicant**

Last Name _____	First Name _____
Address _____	Date of Birth ____/____/____ (m/d/yr) <input type="radio"/> M <input type="radio"/> F
City/Town _____	Unit # _____ Postal Code _____
Home Phone _____	Cell Phone _____
Employed by _____	How Long _____

**2. Co-applicant**

Last Name _____	First Name _____
Address _____	Date of Birth ____/____/____ (m/d/yr) <input type="radio"/> M <input type="radio"/> O <input type="radio"/> F
City/Town _____	Unit # _____
Home Phone _____	Postal Code _____
Employed by: _____	Cell Phone _____
	How Long _____

**3. Others Who Will Be Living With You**

Last Name	First Name	Date of Birth	Male/Female	Relationship

**Emergency contact name & tel. Number:** \_\_\_\_\_

**Next of Kin contact name & tel. Number:** \_\_\_\_\_

**Present Housing Information**

Are you currently  Owning  Renting  Living in temporary accommodation

Current Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

How long have you lived in your current accommodation? \_\_\_\_\_ Current Monthly Cost \$ \_\_\_\_\_

Previous Landlord's Name	Address	Landlord's Phone Number	Move Out Date

## 5. Household Income

Total **MONTHLY** household income (before any deductions). You must state all sources of income for each member of your household over the age of 16. Proof of income is required at the interview, i.e., photocopies of 3 consecutive pay stubs and/or bank books showing monthly income deposits. Other proof of income may be requested.

Source of Income	Applicant 1 (\$)	Applicant 2 (\$)	Other (\$)	Other (\$)
Employment				
Ontario Works				
ODSP				
Employment Insurance				
Child Support				
Workers' Compensation				
Other: _____				

## 6. Special Needs

Do you require any of the following?

Wheel Chair Accessibility	<input type="radio"/>	Handicapped Parking	<input type="radio"/>
Assistance to Live Independently	<input type="radio"/>	Ground Floor Unit	<input type="radio"/>

Do you have any other needs or requirements that we should be aware of?

\_\_\_\_\_

Are you receiving support services from any agencies? If so, which ones? \_\_\_\_\_

\_\_\_\_\_

## 7. Other Information

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

(Note that a parking spot is not included in the rent.)

**Pets are permitted with the following limitations:**

Pets may not cause undue damage, cause a serious allergic reaction in another person, interfere with the normal enjoyment of the property by another tenant, act aggressively to others – thus affecting

their safety, or is a species or breed of animal that is inherently dangerous. Further, pets may not weigh more than 35 pounds and must be spayed or neutered.

Do you have a pet you plan to keep in the apartment?  Yes  No

Type of animal \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

Type of animal \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

## **DECLARATION**

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1. Pursuant to the Provincial / Municipal Freedom of Information and Protection of Privacy Act, I give my consent and authorization to the Bethlehem Housing & Support Services:

- to make inquiries to verify the information given on this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Bethlehem Housing & Support Services. I agree to provide any supporting material required for my application.
- to disclose the information given on this form to municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.

2. I understand that I must advise the Bethlehem Housing & Support Services of any changes in income, contact information and/or household composition **within 10 days** of the change or my application will be cancelled and I must reapply.

3. I understand that my application is valid for a period of six months, after which time I must reapply

4. I understand that if I am offered an apartment unit and refuse the offer my name shall be placed at the bottom of the waiting list.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M/D/Y)

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M/D/Y)

### **Submit your application in one of the following ways:**

Mail or Deliver Form to: <b>58 Welland Avenue St. Catharines, ON L2R 2M5</b>	Fax Completed Form to: <b>905-641-3813</b>
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***"I/We understand that if I/We have any former arrears owing to any non-profit or co-operative housing provider and have not made acceptable payment arrangements or are not maintaining those arrangements, I/We will be deemed ineligible for rent-geared-to-income assistance. I/We further consent to sharing of any former tenant/member arrears with non-profit housing corporations/ cooperatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing."***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M/D/Y)

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(M/D/Y)