

Date of Application		
____/____/____		
day	month	year

HOUSING APPLICATION

Location(s): **Kenmore Court**
6185 Kalar Road
Niagara Falls

Genesis Court
151 James Street
St. Catharines

North Church Court
111 Church Street
St. Catharines

Unit Size:

1 Bedroom (all properties)

1 Bd accessible (all properties)

2 bedroom (all properties)

2 Bd accessible (**Kenmore and 111 Church Street only**)

3 Bedroom (all properties)

3 Bd accessible (**111 Church Street location only**)

1. Applicant

Last Name _____

First Name _____

Date of Birth ____/____/____

What is your gender?

Female

Prefer to self-describe _____

Male

Prefer not to say

Non-binary/ third gender

Address _____

Unit # _____

City/Town _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate # _____

Email Address _____

Employed by _____

How Long _____

Emergency Contact _____ Phone _____

2. Co-applicant

Last Name _____

First Name _____

Date of Birth ____/____/____

What is your gender?

Female

Prefer to self-describe _____

Male

Prefer not to say

Non-binary/ third gender

Address _____

Unit # _____

City/Town _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____ Alternate # _____

Email Address _____

Employed by: _____ How Long _____

Emergency Contact _____ Phone _____

3. Others Who Will Be Living With You

Last Name	First Name	Date of Birth	Male/Female	Relationship

4. Present Housing Information

Are you currently Owing 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 such as previous years Notice of Tax Assessment.

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 medical documentation verifying you require an accessible unit? (This will be required)

Yes No

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, neutered and have current vaccinations. There is a two pet per household limit. Documentation must be provided. Further policies around pets, type and size that are allowed within your household may be in place. Exotic pets are not allowed.

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

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 one year, 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 drop off in person: 58 Welland Ave., St. Catharines, ON L2R 2M5

Email: info@bethlehemhousing.ca

FAX: 905-641-3813

“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.”

We believe your personal information and privacy is important. We make every effort to ensure the information recorded with us is accurate, securely retained and used only for the purposes of Bethlehem Housing and Support Services. We do not sell or trade our donor list. If you have any questions or concerns, please call Bethlehem Housing Administration Office at 905.684.1660 and speak with our Privacy Officer.

Applicant Signature: _____ Date: _____
(M/D/Y)

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