



Application for Monthly Housing

Information provided in this application is confidential and will only be used to assess eligibility for monthly housing. If you require assistance completing this application, please contact the Y Housing Support Office.

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH (DD/MM/YY) _____ GENDER _____

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____ COUNTRY _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL _____

DATE REQUIRED: _____ ROOM TYPE: Shared Bath Private Bath

CURRENT SOURCES OF INCOME (Proof of income required) MONTHLY INCOME: _____

Employed – Name of Employer: _____ – Full time Part time

Student Loans – Name of School: _____

Employment Insurance – Expiry Date: _____ ODSP Pension Disability

Other Benefits (please specify): _____

Other (please specify): _____

If your source of income is social assistance, please provide the following information:

WORKER _____ POSITION _____
TELEPHONE _____ TELEPHONE HOURS _____ FAX _____

RENTAL HISTORY (Last or current address and landlord)

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____ COUNTRY _____

LANDLORD _____ CONTACT NAME _____ TELEPHONE _____

LENGTH OF TENANCY: _____ REASONS FOR LEAVING: _____

PREVIOUS RENTAL INFORMATION (If less than two years at current address)

ADDRESS _____ CITY _____ PROV. _____ POSTAL CODE _____ COUNTRY _____

LANDLORD _____ CONTACT NAME _____ TELEPHONE _____

LENGTH OF TENANCY: _____ REASONS FOR LEAVING: _____

REFERENCES (At least one non family, non personal ie. professional, employment)

| NAME: | POSITION: | TELEPHONE: |
|----------|-----------|------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

SIGNATURE OF APPLICANT _____ DATE (DD/MM/YY) _____