

CUMBERLAND HOUSING CORPORATION

1626 Marinoff Way Orleans,
Ontario, K4A 3R6



PH (613) 841-0002
FX (613) 424-2862
cumbhous@rogers.com
<https://cumberlandhousingcorporation.com>

Registered Charity 13163 4032 RR001

RENTAL APPLICATION

(This application consists of five pages all of which must be completed in full)

Incomplete Applications Will Not Be Considered

This application is to be completed as part of an information gathering process.

Completion of the application is not to be construed in any way as an offer to accept the applicant as a tenant

| | | | | | |
|--|---|--------|--------|--------|-----------------------------|
| PREMISES APPLIED FOR (Circle one) | CHARLEMAGNE GATE - ORLEANS Family Town House | 2 Bdrm | 3 Bdrm | 4 Bdrm | DATE OF APPLICATION: |
| | COBURN HEIGHTS - ORLEANS Affordable Town House | 2 Bdrm | 3 Bdrm | 4 Bdrm | |
| | HERVÉ JOLY - SARFIELD Market Rent Senior's Apartments | 1 Bdrm | 2 Bdrm | | |
| | FOR BELOW MARKET RENT OR SUBSIDY APPLY TO THE CENTRAL REGISTRY | | | | |

| | | | |
|---|---|---|---|
| <p align="center">CHARLEMAGNE GATE Tenant Pays Hydro - Gas - Water Heater Rental All Communications <i>(Water & Sewage included)</i> <i>(Stove & Refrigerator provided)</i> NO SMOKING</p> | <p align="center">COBURN HEIGHTS Central A/C Tenant Pays Hydro - Gas - Water Heater Rental All Communications Water & Sewage <i>(Stove, Refrigerator, Dishwasher provided)</i> NO SMOKING</p> | <p align="center">HERVÉ JOLY Hot Water Included Tenant Pays Parking <i>(50.00 per Month)</i> Hydro - All Communications <i>(Coin Operated Laundry provided)</i> <i>(Stove & Refrigerator provided)</i> NO SMOKING</p> | <p align="center">HERVÉ JOLY - WEST WING Heat Included - Central A/C Tenant Pays Parking - Hydro - Communications <i>(Coin Operated Laundry provided)</i> <i>(Stove & Refrigerator, dishwasher)</i> NO SMOKING APPLY TO CENTRAL REGISTRY</p> |
|---|---|---|---|

| | | | | | |
|---|---|-------------------------------|---|-------------------------------|--|
| APPLICANT FULL NAME <i>Names on Lease</i> | | APPLICANT 1 | | APPLICANT 2 | |
| | LAST NAME | | | | |
| | FIRST | | | | |
| | MIDDLE | | | | |
| | DOB | <small>{DD / MM / YY}</small> | | <small>{DD / MM / YY}</small> | |
| | S.I.N | | | | |
| | HOME PHONE | | | | |
| | BUSINESS PHONE | | | | |
| | CELL PHONE | | | | |
| | E-MAIL | | | | |
| If applicable: Are you pregnant? | <small>If yes indicate due date</small> | | <small>If yes indicate due date</small> | | |
| Are you registered for subsidised / affordable housing | <small>If yes what is your Social Housing Registry Application Control Number</small> | | <small>If yes what is your Social Housing Registry Application Control Number</small> | | |

| | | | | |
|--|-------------|--|---|--|
| ADDITIONAL APPLICANTS <i>Occupants</i> | NAME | | RELATIONSHIP <small>[Son / Daughter / Other]</small> | DOB <small>{DD / MM / YY}</small> |
| | NAME | | RELATIONSHIP <small>[Son / Daughter / Other]</small> | DOB <small>{DD / MM / YY}</small> |
| | NAME | | RELATIONSHIP <small>[Son / Daughter / Other]</small> | DOB <small>{DD / MM / YY}</small> |

| | |
|--|---|
| When Would You like Occupancy to Begin: | |
| Do You Have Any Special Needs | <small>(Disability / Health Considerations etc)</small> |
| PETS - ALL PETS MUST BE OTTAWA LICENSED | <small>(List All by Type and Breed)</small> |
| Other Information / Requests | |

THIS APPLICATION WILL ONLY BE KEPT ON FILE FOR THREE (3) MONTHS FROM THE DATE OF RECEIPT
(TO KEEP APPLICATION CURRENT PHONE THE OFFICE PRIOR TO CANCELLATION DATE)

Cumberland Housing Corporation Does Not Allow Satellite Dishes
Health Warning for Sarsfield applicants - The Treated Well Water Is High in Sodium

APPLICANT PARTICULARS

MUST BE COMPLETED IN FULL - PLEASE **PRINT** CLEARLY

| <u>DETAIL</u> | <u>APPLICANT 1</u> | <u>APPLICANT 2</u> | |
|---|---------------------------------|--|----------------------|
| C U R R E N T A D D R E S S | <u>PRESENT ADDRESS</u> | | |
| | <u>CITY / POSTAL CODE</u> | | |
| | <u>LENGTH OF RESIDENCE</u> | | |
| | <u>RENT PAID</u> | | |
| | <u>ADDITIONS TO RENT PAID</u> | <small>hydro - gas - water - parking</small> | |
| | <u>LANDLORD'S NAME</u> | | |
| | <u>LANDLORD'S PHONE</u> | | |
| | <u>REASON FOR MOVE</u> | | |
| P R E V I O U S A D D R E S S | <u>PREVIOUS ADDRESS</u> | | |
| | <u>CITY AND ZONE</u> | | |
| | <u>LENGTH OF RESIDENCE</u> | | |
| | <u>LANDLORD'S NAME</u> | | |
| | <u>LANDLORD'S PHONE</u> | | |
| | <u>REASON MOVED</u> | | |
| A U T O M O B I L E | <u>MAKE OF AUTO</u> | | |
| | <u>MODEL</u> | | |
| | <u>YEAR & COLOUR</u> | | |
| | <u>LICENSE PLATE</u> | | |
| | <u>EXPIRY DATE</u> | | |
| | <u>DVR'S LICENSE #</u> | | |
| | <u>INSURANCE COMPANY</u> | | |
| | <u>INSURANCE EXPIRY DATE</u> | | |
| | <u>OWNED OR LEASED</u> | | |
| | <u>ESTIMATED VALUE</u> | | |
| | <u>VEHICLE IN RUNNING ORDER</u> | <u>YES</u> <u>NO</u> | <u>YES</u> <u>NO</u> |

APPLICANT PARTICULARS

MUST BE COMPLETED IN FULL - PLEASE **PRINT** CLEARLY

| <u>DETAIL</u> | | <u>APPLICANT 1</u> | <u>APPLICANT 2</u> |
|---|---|--|--------------------|
| C U R R E N T E M P L O Y M E N T | <u>ANNUAL GROSS INCOME</u> | | |
| | <u>MONTHLY NET INCOME</u> | | |
| | <u>Income Verification</u> | <p align="center">Please Attach Last Two Statements of Earning Please Attached a copy of your last NOA from CRA You must Qualify for Full Rent for Your Application to Be Accepted</p> | |
| | <u>EMPLOYER</u> | | |
| | <u>CONTACT NAME</u> | | |
| | <u>EMPLOYER'S PHONE</u> | | |
| | <u>POSITION HELD</u> | | |
| | <u>LENGTH OF TIME</u> | | |
| P R E V I O U S E M P L O Y M E N T | <u>PREVIOUS EMPLOYER</u> | | |
| | <u>EMPLOYER'S PHONE</u> | | |
| | <u>OCCUPATION</u> | | |
| | <u>LENGTH OF EMPLOYMENT</u> | | |
| | <u>REASON FOR CHANGE</u> | | |
| F I N A N C I A L | <u>NAME OF BANK</u> | | |
| | <u>BRANCH</u> | | |
| | <u>ACCOUNT NUMBER</u> | | |
| | <u>TYPE OF ACCOUNT</u> | | |
| | <u>OVER DRAFT LIMIT</u> | | |
| T E N A N T I N S U R A N C E | TENANT FIRE AND LIABILITY INSURANCE IS A MANDATORY REQUIREMENT FOR OCCUPANCY | | |
| | <u>COMPANY NAME</u> | | |
| | <u>POLICY NUMBER</u> | | |
| | <u>EXPIRY DATE</u> | | |

APPLICANT PARTICULARS

MUST BE COMPLETED IN FULL - PLEASE **PRINT** CLEARLY

| <u>DETAIL</u> | <u>APPLICANT 1</u> | <u>APPLICANT 2</u> |
|---------------|--------------------|--------------------|
|---------------|--------------------|--------------------|

| | | |
|--------------------------|---------------------|--|
| REFERENCES | [1] <u>NAME</u> | |
| | <u>1</u> | |
| | <u>PHONE</u> | |
| | <u>RELATIONSHIP</u> | |
| | [2] <u>NAME</u> | |
| | <u>ADDRESS</u> | |
| | <u>PHONE</u> | |
| | <u>RELATIONSHIP</u> | |
| | [3] <u>NAME</u> | |
| | <u>ADDRESS</u> | |
| | <u>PHONE</u> | |
| | <u>RELATIONSHIP</u> | |
| EMERGENCY CONTACT | <u>NAME</u> | |
| | <u>ADDRESS</u> | |
| | <u>PHONE</u> | |
| | <u>RELATIONSHIP</u> | |

THE UNDERSIGNED APPLICANT AGREES, that should an offer to rent be made to the applicant, **CUMBERLAND HOUSING CORPORATION**, shall create a binding agreement between the parties hereto and the undersigned shall forthwith enter into a **TENANCY AGREEMENT** prior to possession of the premises upon the above terms and upon the usual form. The information on this form shall form part of the binding agreement.

THE UNDERSIGNED APPLICANT CONSENTS, as provided in the Personal Information Protection and Electronic Documents Act, to the obtaining of such information as **CUMBERLAND HOUSING CORPORATION** may deem necessary at any time in connection with the undersigned, in conjunction with the premises, hereby applied for or any renewal or extension thereof.

THE UNDERSIGNED APPLICANT FURTHER CONSENTS to the disclosure of all information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.

THE UNDERSIGNED APPLICANT CERTIFIES that the information provided on this form is complete and correct

THE INFORMATION PROVIDED ON THIS APPLICACION IS KEPT STRICTLY CONFIDENTIAL

| | | |
|----------------------|------------------------------|-------------|
| CERTIFICATION | <u>APPLICANT'S SIGNATURE</u> | <u>DATE</u> |
| | <u>APPLICANT'S SIGNATURE</u> | <u>DATE</u> |

| | |
|---|----------------------------------|
| APPLICATION RECEIVED at CUMBERLAND HOUSING CORPORATION this _____ day of _____ 202_____ | DAVID LEWIS, PROPERTY MANAGER |
|---|----------------------------------|

CONSENT TO DISCLOSE AND VERIFY INFORMATION

CONSENT FORM MUST BE COMPLETED IN FULL
 (Please read carefully before signing this document)

1. **I/WE**, The undersigned, are applying for residence with **CUMBERLAND NOT FOR PROFIT HOUSING CORPORATION:**
 (Full names of all persons 16 years of age and older)

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

2. **I/WE** consent to the release of information to an authorized representative of **CUMBERLAND HOUSING CORPORATION** for the purpose of determining or verifying **MY/OUR** initial or ongoing eligibility for housing (including subsidized housing if applicable), or collecting information about us for these purposes.

3. Without restricting the generality of the consent, **I/WE** specifically consent to the release of information relating to any bank account, assets of any nature or kind whatsoever held by **ME/US** in any financial institution.

4. **I/WE** further consent to an authorized representative of **CUMBERLAND HOUSING CORPORATION** disclosing to any party personal information about us for the purpose of determining or verifying **MY/OUR** initial or ongoing eligibility for subsidized housing.

5. **I/WE** further consent to the exchange of information between **CUMBERLAND HOUSING CORPORATION**, Municipal Social Services (i.e. Ontario Works [OW] or the Ontario disability support Plan [ODSP]), the Ministry of Community and Social Services, or the Government of Canada, the government of any other municipality, region, province or territory, the Government of Ontario, or any agency, Ministry or department of any of the foregoing, in order to verify information for the purposes of determining or verifying our initial or ongoing eligibility for social assistance or administering **MY/OUR** rent or rental subsidy.

6. **I/WE** understand that this consent will apply to inquiries made regarding a period of time during which **I/WE** may have been in receipt of a rental subsidy. **I/WE** further understand that the inquiries may take the form of electronic data exchanges.

7. **I/WE** acknowledge that **I/WE** are providing the above-noted consents pursuant to Ontario Social Housing Reform Act, 2000 Ontario Regulation 298/01 Part II Paragraph 6(4) and that the information will be used to determine suitability and eligibility for housing applied for, continuation of housing and the appropriate rent scale and rent-g geared-to-income charge.

8. Pursuant to this consent **I/WE** provide the following financial information of all parties aged 16 years and older

| NAME ON ACCOUNT | BANK/BRANCH | ACCOUNT TYPE | ACCOUNT NO. |
|-----------------|-------------|--------------|-------------|
| | | | |
| | | | |
| | | | |

9. Dated at _____ in the City of Ottawa this _____ day of _____, 202_____
 (Location) (Date) (Month) (Year)

10. Signature of all Parties aged 16 years and older.

| | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| _____ Name Signature | _____ Name Signature | _____ Name Signature | _____ Name Signature |
|----------------------------|----------------------------|----------------------------|----------------------------|

NOTE: The Residential Tenancies Act states that any tenant who knowingly and materially misrepresents their income or that of other persons occupying the residential premises may be evicted and charged for the monies owed due to the misrepresentation.