

Hansen Residential Rental Application

I/We hereby make application to rent: 247 Queen Street East, Brampton ON, owned by SHIP.

1. Name Date of birth SIN No.(Optional)

Drivers License no Occupation

2. Name Date of birth SIN No.(Optional)

Drivers License no Occupation

3. Other Occupants:

Name:	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name:	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>
Name:	<input type="text"/>	Relationship	<input type="text"/>	Age	<input type="text"/>

Do you have any pets? If so, describe

Why are you vacating your present place of residence?

How many bedrooms do you need? 1 -bedroom 2-bedroom 3-bedroom

Do you require an accessible unit? Yes No

CURRENT ADDRESS

Address

From To

Name of Landlord:

Telephone:

Postal Code:

FORMER ADDRESS

Address

From To

Name of Landlord:

Telephone:

Postal Code:

PRESENT EMPLOYMENT

Employer

Business address

Business telephone

Position Held

Length of Employment

Name of supervisor

Current salary range: Monthly \$

PRIOR EMPLOYMENT

Employer

Business address

Business telephone

Position Held

Length of Employment

Name of supervisor



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SPOUSE'S PRESENT EMPLOYMENT

Employer

Business address

Business telephone

Position Held

Length of Employment

Name of supervisor

Current salary range: Monthly \$

PRIOR EMPLOYMENT

Employer

Business address

Business telephone

Position Held

Length of Employment

Name of supervisor

FINANCIAL OBLIGATIONS

Payments to Amount:\$

Payments to Amount:\$

Parking Requirements Number of spots

PERSONAL REFERENCES

Name Address

Telephone: Length of Acquaintance Occupation

Name Address

Telephone: Length of Acquaintance Occupation

I give my consent and authorization to Services and Housing In the Province to collect personal information about me. I understand that SHIP will use this information I give them to see if I qualify for rental accommodation. **I give SHIP permission to make any inquiries they deem necessary to verify the information that I have given them with the person or agency who can confirm the information.**

The information on this form will be used to determine your eligibility and suitability for housing with SHIP and is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions about this collection may be made to the Privacy Officer, Services and Housing In the Province, #107- 969 Derry Road East, Mississauga On L5T 2J7. If you have any questions about this application, please call us at 905 795 8742 extension 288.

Signature of Applicant Date Signature of Applicant Date

Telephone: Telephone:

In accordance with Human Rights Code, 1981, your application for tenancy and subsequent tenancy shall be accorded equal treatment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, handicap or receipt of public assistance.

Notice with Respect to the Collection and Use of Personal Information

(In accordance with the Municipal Freedom of Information and Protection of Privacy Act, Housing Services Act 2011 and the Residential Tenancies, 2006). Personal information is collected under the statutory authority of the Tenant Protection Act, S.O , 1997, C.24, s. 24(1). This information will be used to determine eligibility, special needs, provide housing to approved applicants and calculate rent.