**SAMPLE HOUSING APPLICATION FORM[[1]](#footnote-1)**

# Housing Candidacy Application

**Please fill out this form as completely as possible, as this form will be used to assess your suitability and need for housing in the community.**

**Which housing program(s) do you wish to apply for?**

Vacant Rental \_\_\_\_\_\_\_\_ Social Housing (new) \_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

|  |  |
| --- | --- |
| **Name** |  Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle name / initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Date of birth** |  | **Status # (if applicable)**  |  |
| **Application date** |  | **Expiry date (if applicable)**  |  |

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary phone number** |  | **Business/work phone number** |  |
| **Cell number** |  | **Email address** |  |
| **Street address** |  |
| **City/province** |  | **Postal code** |  |

**MARITAL STATUS**

* Single
* Widowed
* Separated
* Common-law

**Who will be residing on the premises?**

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Applicant | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PRESENT LIVING CONDITIONS**

HOUSE OWNERSHIP:

**Certification Of Possession\_\_\_\_\_\_\_\_\_**

**Band-Owned\_\_\_\_\_\_**

**Renting\_\_\_\_\_\_\_\_\_**

HEALTH CONSIDERATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RAMP REQUIRED FOR ACCESSIBILITY? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_

PLEASE SPECIFY ANY OTHER CONSIDERATIONS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR LEAVING PRESENT ACCOMMODATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Personal Information** *(please circle appropriate answer)* |
| 1. Have you ever occupied a unit in the community?
 | Yes / No |
| 1. Do you owe any outstanding debts to the community?
 | Yes / No |
| 1. If you answered “yes” to question 2, have you arranged a repayment plan for those debts with the community?
 | Yes / No |
| 1. Are you currently homeless or inadequately or unsafely housed?
 | Yes / No |
| **Employment Information** |
| 1. Are you currently employed?
 | Yes / No |
| 1. Will you be able to maintain employment while residing in the rental unit?
 | Yes / No |
| 1. Are you paying for employment insurance through your current job?
 | Yes / No |
| 1. Is your spouse employed?
 | Yes / No |
| 1. Will your spouse be able to maintain employment while residing in the rental unit?
 | Yes / No |
| 1. Is your spouse paying for employment insurance through his/her current job?
 | Yes / No |
| **Employer Information (if applicable)** |
| **Name of employer** |  |
| **Nature of employment** | full-time \_\_\_\_\_part-time \_\_\_\_\_temporary \_\_\_\_\_ | **When was your start date?** |  |
| **Job title** |  | **What is your annual income?** |  |
| **Employer’s street address** |  |
| **Employer’s city** |  | **Employer’s postal code** |  |
| **Spousal Employment Information (if applicable)** |
| **Name of employer** |  |
| **Nature of employment** | full-time \_\_\_\_\_part-time \_\_\_\_\_temporary \_\_\_\_\_ | **When was your start date?** |  |
| **Job title** |  | **What is your annual income?** |  |
| **Employer’s street address** |  |
| **Employer’s city** |  | **Employer’s postal code** |  |

**References**

**Please provide three (3) references below.** Please note that references may be weighted based on your relationship to the reference and depending on what scoring criterion is used. For example, landlord references may score highest, with employment references scoring second highest and family/friends references scoring lowest. If a reference fails to get back to the Housing Department within 5 business days of being contacted, then the Housing Department will contact the “standby” reference.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Contact Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
| Standby: |  |  |

**By signing below, I certify and acknowledge that everything I have said on this application is verifiably true without exception:**

|  |  |
| --- | --- |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (rental candidate)Print name | Date |

1. Excerpted from CMHC’s *On-Reserve Non-Profit Housing Program Reference Manual*, 2015 [↑](#footnote-ref-1)