

GABRIEL DUMONT NON-PROFIT HOMES (METRO TORONTO) INC.

RENTAL APPLICATION PROCESSES FORM

1) Completing the Rental Application Processes Form

The Rental Application Form MUST BE COMPLETED IN FULL; Signed and Dated by ALL applicants 16 years of age and older.

Updated PROOF OF INCOME from all sources must be attached to the Rental Application Form.

Those applicants wanting to be considered for rent-geared-to-income assistance MUST PROVIDE ONE of the following documents:

a.) Status Card (First Nations, Metis, Inuit)

OR

b.) Sworn Affidavit

2) Landlord & Credit Check

GDNP Homes will conduct a Landlord & Credit Check on each applicant. If the Landlord check indicates monies owing a previous Landlord, the applicant will be notified of whom to contact. Applicants who have a detrimental Landlord check will be advised that their application will not be considered until written documentation has been received stating that the matter has been resolved between the applicant and a previous Landlord.

3) Interview

Applicants will be advised that an interview has been scheduled. ALL adults 16 years of age and older must attend this interview. Failure to attend the interview will warrant that the application be withdrawn.

4) Successful Applicant

A letter will be sent; advising that you have been placed on our external waiting list. You are required to ensure that you provide us with updated contact information in order for us to contact you when a unit will be allocated to you.

5) Wait List Time

Your time on the wait list is dependent upon the availability of a unit and the date your application is completed.

6) Failure to Accept a Unit when Offered

If we offer you a unit and you decline; your application will be withdrawn.

7) Stale Dated Application

If we have not heard from you over the last three (3) years of your application being approved; your application will be considered stale dated and you will need to reapply.



GABRIEL DUMONT NON-PROFIT HOMES (METRO TORONTO) INC. RENTAL APPLICATION FORM

(ALL information and documentation requested MUST be completed and attached to this Rental Application Form. ALL adults 16 years of age and older are required to sign this application).

(PLEASE PRINT CLEARLY)

1.	APPLICANT -GENERAL INFORMATION							
	(LAST NAME)	[]			(FIRST NAM	IF)		
	(MM) (DD) (YEAR) (BIRTHDATE)			(SOCIA	LINSURANC	٦	MBER)	
	(HOME TELEPHONE NUMBER)			(WORK	TELEPHON	IE NU	MBER)	
	STREET NUMBER) (NAME OF STREET) CURRENT ADDRESS)] [APT. NUMBER)	
	(CITY)		PROVI	NCE	(POS	STAL	CODE)	
2.	CO-APPLICANT -GENERAL INFORMATION	N		1 1 1				
	(LAST NAME)	/INITIA			/EIDST NAS	AE\		
	(LAST NAME)	(INITIA	. L)		(FIRST NAM	""		
	(MM) (DD) (YEAR)			(SOCIA	L INSURANC	CE NI	IMBER)	
	(BIRTHDATE)			(000				
	(HOME TELEPHONE NUMBER)	_		(WORK	K TELEPHON	IE NU	MBER)	
	(STREET NUMBER) (NAME OF STREET) (CURRENT ADDRESS)] [APT. NUMBER)	
	(CITY)	لمـــا	PROVI	NCE	(POS	STAL	CODE)	
			ers and at state of t					
3.	PRESENT LANDLORD INFORMATION							
			Γ					
	(LAST NAME)	(INITIA	L)		(FIRST NAI	VIE)		
	(HOME TELEPHONE NUMBER)			(WOR	K TELEPHOI	NE NU	IMBER)	
	(STREET NUMBER) (NAME OF STREET) (CURRENT ADDRESS)] [APT. NUMBER)
			ГТ					
	(CITY)		PROVI	NCE	(PO	STAL	. CODE)	

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4. PREVIOUS LANDLORD INFORMATION

				FRO		TC	•
NAMES 1.	ADDRESSES	****		MO	YR	MO	YR
2.	-				-	 	
3.		,				 	
IF YOU HAVE MOVED RECENTLY, PLEASE EXPLAIN:							
	Antonio Market						
5. ALL OTHER HOUSEHOLD I	MEMBERS WI	IO ARE APPI		NAME			
(MM) (DD) (YEA	D)	(INTIAL)					
(BIRTHDATE)	K)		(SOCIAL INSU	RANCE	NOMBE	R)	
RELATIONSHIP TO APPLICANT:							
RECATIONOMI TO AT LIGARI.							
(LAST NAME)		(INITIAL)		NAME			
(MM) (DD) (YEA (BIRTHDATE)	K)		(SOCIAL INSU	RANCE	NUMBE	R)	
RELATIONSHIP TO APPLICANT:							
RELATIONOTH TO ATTEIOANT.							
(LAST NAME) (MM) (DD) (YEA (BIRTHDATE)	R)	(INITIAL)	(FIRST	NAME		R)	
RELATIONSHIP TO APPLICANT:			4				
				•			
(LAST NAME) (MM) (DD) (YEA (BIRTHDATE)	R)	(INITIAL)	(FIRST	NAME		ER)	
RELATIONSHIP TO APPLICANT:							
6. SIZE OF UNIT REQUESTED	3 Bedroom	3 Be	droom Disabled] 4	Bedroo	om 🗌	
7. NOTICE REQUIREMENT TO	VACATE YO	UR PRESEN	T ACCOMMODATION	N			
Do you currently have a lease? YES NO							
If YES, how much notice are you required to provide your landlord?							
NO NOTICE ONE M	ONTH	TWO MOI	NTHS				

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8. HAVE YOU EVER BEEN EVICTED BY A LANDLORD? YES NO							
PLEASE CHECK THE APPROPRIATE BOX IF YOU HAVE EVER BEEN A TENANT OF ONE OF THE FOLLOWING:							
O.H.C. MTHA	MTHC NISHNAW BE	WIGWAMEN					
NA-ME-RES	CO-OP NON-PF	ROFIT OTHER					
9. PRESENT LIVING SITUATIO		elter? YES NO					
is a baby expected? TES	NO If YES, when? (MN	l) (DD) (YEAR)					
	y live in? Place an X to the right of you						
Bachelor	ared 1 Bdrm 2 Bdrm	3 Bdrm					
How much rent do you current	ly pay your landlord? \$	per month.					
Does this rent include utilities? If NO, how much do you pay ea	? YES NO ach month in utilities? \$	per month.					
10. FIRST NATIONS ANCESTR	RY						
Nations Ancestry (copy of yo apply for housing, but will no	GDNP offers rent-geared-to-income to First Nations Families. If you cannot provide proof of your First Nations Ancestry (copy of your status card or a sworn affidavit obtained from ALST); you may still apply for housing, but will not be entitled to received rent-geared-to-income assistance and if your application is approved you will be required to pay full market rent.						
Do you or your family member	have First Nations Ancestry? YES	NO 🗌					
If YES, please complete the fol	llowing information and be sure to inc	clude a copy of your status card.					
NAME	RESERVE	STATUS CARD NUMBER					
	INFORMATION (See attached sheet fo	or accepted proof of income).					
(LAST NAME)	(INITIAL)	(FIRST NAME)					
GROSS INCOME \$ per month.							
TYPE OF INCOME: Please indi	cate your source of income by putting	g an X in the box beside it.					
EMPLOYMENT	SELF-EMPLOYED						
ONTARIO WORKS	ONTARIO DISABILITY (ODSP)						
GOVERNMENT PENSION	WORK PENSION						
BAND MONEY	OSAP						
FOSTER CARE	RENTAL INCOME						
If your source of income is not	t listed inlease provide here						

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11.1 APPLICANTS' FINANCIAL INFORMATION (CONT'D.)

PRINCIPAL BANK ACCOUNT(S)

NAME OF BANK	· · · · · · · · · · · · · · · · · · ·		ADDRES	S OF BAN	K	
* .		s				
out an X to the right of your	answer.					
CHEQUING ACCOUN	Ī	SA	VINGS ACC	OUNT		INVESTMENTS
Add your account numbers	e:					
11.2 APPLICANTS' WORK H	HISTORY					
Are you currently employed	I? YES	☐ NO				
f YES, please complete the	following:					
OCCUPATION	EMPLOYE	R'S	EMPLOYE		EMPL	OYER'S
	NAME		ADDRESS		TELEF	PHONE NUMBER
Place an X to the right of vo	ur answer					
FULL TIME PA	our answer. ART TIME		SEASONAL	.		
FULL TIME PA	ART TIME g Social As ng:	ssistance (O	ntario Work	s (OW) or		
FULL TIME PA SOCIAL ASSISTANCE If you are currently receiving please complete the following please received the policy of the po	ART TIME g Social As ng:		ntario Work	s (OW) or		Disability (ODSP), EPHONE NUMBER
FULL TIME PA	ART TIME g Social As ng:	ssistance (O	ntario Work	s (OW) or		
SOCIAL ASSISTANCE If you are currently receiving please complete the following the solution of the solution o	RT TIME g Social As	ssistance (O	ntario Work	s (OW) or	R'S TEL	EPHONE NUMBER
SOCIAL ASSISTANCE If you are currently receiving please complete the following the solution of the solution o	RT TIME g Social As	ssistance (O	ntario Work	s (OW) or	R'S TEL	EPHONE NUMBER
SOCIAL ASSISTANCE If you are currently receiving please complete the following the solution of the solution o	g Social Asing:	ssistance (O	IUMBER	s (OW) or WORKE	R'S TEL	EPHONE NUMBER ed proof of income).
SOCIAL ASSISTANCE If you are currently receivin please complete the followin NAME OF WORKER 12. CO-APPLICANTS' FINA (LAST NAME)	g Social Asing: William William	ssistance (O VORKER'S N ORMATION (INITI	IUMBER (See attache	s (OW) or WORKE	R'S TEL	EPHONE NUMBER ed proof of income).
SOCIAL ASSISTANCE If you are currently receiving please complete the following the second se	g Social Asing: WORLD INFO	ossistance (O	IUMBER (See attache	s (OW) or worked worked sheet for (F	R'S TEL	EPHONE NUMBER ed proof of income). ME)
FULL TIME PASSISTANCE SOCIAL ASSISTANCE If you are currently receiving please complete the following please in the complete the following please in the complete please p	g Social Asing: W NCIAL INFO	SSISTANCE (ON VORKER'S NO ORMATION (INITI	ntario Work IUMBER (See attache AL) per month income by p	s (OW) or worked worked sheet for (F	R'S TEL	EPHONE NUMBER ed proof of income). ME)
FULL TIME PA SOCIAL ASSISTANCE If you are currently receiving please complete the following please complete the following please complete the following please complete the following please in the complete the following please in the complete please	g Social Asing: W NCIAL INFO	SSISTANCE (ON VORKER'S NO ORMATION (INITIAL INITIAL IN	ntario Work IUMBER (See attache AL) per month income by p	worked sheet for (F)	R'S TEL	EPHONE NUMBER ed proof of income). ME)
SOCIAL ASSISTANCE If you are currently receiving please complete the following please in the complete please please in the complete please i	g Social Asing: W NCIAL INFO E) ndicate you SEL	SSISTANCE (ON VORKER'S NO ORMATION (INITIAL INITIAL IN	IUMBER (See attache AL) per month income by p	worked sheet for (F)	R'S TEL	EPHONE NUMBER ed proof of income). ME)
SOCIAL ASSISTANCE If you are currently receivin please complete the following the solution of	g Social Asing: WATTIME WORLD WORLD WORLD WORLD OSA	ORMATION (INITI IT SOURCE OF F-EMPLOYE ARIO DISAE RK PENSION	IUMBER (See attache per month income by participal Desired BILITY (ODS	worked sheet for (F)	R'S TEL	EPHONE NUMBER ed proof of income). ME)

12.1 APPLICANTS' FINANCO PRINCIPAL BANK ACCO		ION (CONT	D.)			
NAME OF BANK	DITT(0)		ADDRESS	S OF BANK	.e.p 9	
Place an X to the right of CHEQUING ACCOL Add your account number	INT	SAVIN	GS ACCO	DUNT	INV	ESTMENTS
12.2 APPLICANTS' WORK Are you currently employ If YES, please complete t	red? YES	NO [
OCCUPATION	NAME OF EMPLOYER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MPLOYEI DDRESS	The same of the sa	IPLOYE! LEPHON	R'S NE NUMBER
SOCIAL ASSISTANCE If you are currently receiplease complete the following the second	PART TIME ving Social Assisted		ASONAL io Works	s (OW) or Onta	rio Disal	bility (ODSP),
NAME OF WORKER	WOR	KER'S NUM	BER	WORKER'S T	ELEPHO	ONE NUMBER
		***	3			
13. HEALTH ISSUES Does anyone in your hou YES NO If YES, please explain: (a				hat we should	be made	e aware of?
14. PETS Pets and pet owners' res with the landlord; have p Do you currently own? P	roof of licensing	and inocula	tions.	•		
	/ MANY?	CAT(S)		HOW MANY?		
If YFS, please specify the	broad of dog(a)					

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15. ADDITIONAL APPLIANCES

As a Landlord we provide a fridge and stove (which you must maintain in a reasonable state of cleanliness and repair). However, we need to know if you have any additional appliances that you would be bringing with you (or obtaining if your application is successful) as there is an additional monthly charge for each additional appliance. Please place an X beside the appliance(s) that you own or will be bringing with you.

bringing with you.	,	,	osto, mar you own or win be					
FRIDGE STO	VE FREEZER V	ASHER DRYER	AIR CONDITIONER					
16. EMERGENCY CONT	TACT							
In the event that we need to contact someone on your behalf – please provide that information below:								
FULL NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP TO YOU					
+								
17. MOTOR VEHICLES								
Do you currently have a	road worthy vehicle? YE	s No						
If YES, how many?	If YES, how many?							
All Tenants registered with GDNP who require a parking space must register their vehicle with the Landlord. Please complete the following information:								
Any vehicle that is not roadworthy; have valid license plates/tags; and current vehicle insurance coverage are permitted to park on GDNP Property.								
MAKE	MODEL	YEAR	COLOUR					
LICENSE PLATE	REGISTRATION NUMBER	R NAME OF INURANCE	CO. EXPIRY DATE					

GDNP HOMES RESIDENCIAL TENANCY RENTAL APPLICATION DECLARATION AND CONSENT

- 1) You understand that failure to complete this application in FULL; provide updated proof of income from ALL individuals named in this application; and have this application signed by ALL individuals 16 years of age and older will delay or void this application.
- 2) You understand that in order to be considered for Rent-Geared-To-Income Assistance; that I/We must provide acceptable proof of Aboriginal Ancestry.
- 3) You understand and agree that the information provided will be used by the Landlord to conduct a Landlord and Credit Check.

Information - The word "information" means credit information, personal information, information about the services you use that are provided by the landlord as listed in this rental application and information relating to your tenancy at the **premises applied for in this rental application** including information regarding the duration of your tenancy, monthly rent, emergency contacts and any matters relating to your lease/tenancy agreement, including misrepresentations relating to, defaults under and/or breaches of your lease/tenancy agreement.

"Credit Information" means information about you, including your name, age, date of birth, occupation, place of residence, previous place of residence, occupancy length, marital status, co-occupant's/spouse's/same sex partner's name and age, number of dependents, particulars of education or professional qualifications, field of employment, previous places of employment, employment durations, estimated income, paying habits, outstanding debt obligations, cost of living obligations, involvement in bankruptcy proceedings or landlord and tenant disputes, assets, and banking information (including account and credit card information).

"Personal Information" means information about you other than credit information that is relevant to your suitability as a tenant, including your First Nations Status; your social insurance number, driver's license number, vehicle license plate number, vehicle make and year, and information from references which you provide about your character, reputation, physical or personal characteristic or mode of living or about any other matter concerning that is relevant to your suitability as a tenant.

Collection, Use and Disclosure of Information

In consideration for **the Landlord** accepting you as a tenant and entering into a lease/tenancy agreement with you, you expressly consent to and authorize the following:

- The Landlord may obtain information about you through a tenant check and/or consumer report conducted by <u>Rent Check Credit Bureau</u> and as permitted or required by law. You expressly authorize <u>Rent Check Credit Bureau</u> to provide information regarding you to the Landlord.
- 2. **The Landlord** may use information about you to determine your suitability as a tenant and as permitted or required by law.
- 3. **The Landlord** may disclose information about you as permitted or required by law and to Rent Check Credit Bureau in order to be included within a database of tenant information, and/or within a file on you, for purpose of:
 - tenant reporting and credit reporting in accordance with the Consumer Reporting Act (Ontario);
 - · establishing a credit history and a rental history;
 - comparing with aggregate statistical data for purposes of tenancy and credit scoring; and

- supporting the credit approval process.
- 4. You expressly authorize <u>Rent Check Credit Bureau</u> to retain information regarding you indefinitely for the purposes outlined in section 3 aforementioned, subject to any applicable legal restrictions.
- 5. You expressly authorize Rent Check Credit Bureau to disclose information regarding you to its members and subscribers as required or permitted by law and for the purposes outlined in section 3 aforementioned.
- 6. You agree that you will not withdraw your authorization and consent to the collection, use and disclosure of information about you by Rent Check Credit Bureau as outlined in sections 1 to 5 aforementioned.
- 7. You agree that all statements on this Residential Rental Application and attached to it are true and you expressly authorize all references given to release information about you to the Landlord for verification subject to 1 to 5.
- 4) You understand that failure to attend the required applicant interview will result in this application not being considered.
- 5) You understand that the completion and submission of this application in NO WAY GUARANTEES that your application is approved and a unit allocated; that you are required to report any and all changes to household size or income when it occurs or requested; and that failure to do so will remove your household from rent-geared-to-income assistance; and you will be required to pay the full market rent.
- 6) You understand and agree that in the event any information contained in this application is proven to be false or misrepresented; this application will NOT be considered.

Please provide your consent by checking the following box and sign in the appropriate space below:

Yes, I have read and agree to the collection, use and disclosure of information as outlined above.	Yes, I have read and agree to the collection, use and disclosure of information as outlined above.
I have read, understood and voluntarily agree to the terms and conditions outlined above.	I have read, understood and voluntarily agree to the terms and conditions outlined above.
Applicant's Signature	Co-Applicant's Signature
Print Name	Print Name
Dated this day of	2018

GDNP HOMES
RESIDENTIAL TENANCY RENTAL APPLICATION AND CONSENT
Page 2 of Declaration and Consent