



Sault Ste. Marie Housing Corporation Rental Application

Every occupant over the age of 18 **MUST** fill out a separate application (even if married).
Please fill out this form COMPLETELY and sign where indicated. All data herein is deemed confidential.

Return completed application to 180 Brock Street, Sault Ste. Marie, ON.

Where are you applying to live?

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Personal Information

First Name		Middle Name(s)		Last Name		S.I.N. (optional)	
Date of Birth (MM/DD/YYYY)		Marital Status		Drivers Licence #			Province
Phone # (Home)			Phone # (Cell)		E-Mail Address		

Current / Previous Accommodations

Present Home Address		City		Province	Postal Code	
Length of Time	Landlord Name			Landlord Phone #		
Reason for Leaving			Rent Amount (\$)	Was rent paid up to date upon moving out?		
Previous Home Address		City		Province	Postal Code	
Length of Time	Previous Landlord Name			Landlord Phone		
Reason for Leaving			Rent Amount (\$)	Was rent paid up to date upon moving out?		

Occupants

Name		Relationship		Occupation		Age
Name		Relationship		Occupation		Age
Name		Relationship		Occupation		Age
Name		Relationship		Occupation		Age

Vehicle Information

Year	Make	Model	Colour		Plate #
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Employment History

Current Employer (1)		Occupation		Hours/Week	
Supervisor		Phone # Ext:			Years Employed
Address		City		Province	Postal Code
Current Employer (2)		Occupation		Hours/Week	
Supervisor		Phone # Ext:			Years Employed
Address		City		Province	Postal Code

Household Income

Current Income	Source	Proof of Income
Current Income	Source	Proof of Income
Current Income	Source	Proof of Income

Credit History

Car Loan / Lien Holder:		Balance (\$)	Monthly Payment (\$)		
Credit Card Name / Bank:		Balance (\$)			
Credit Card Name / Bank:		Balance (\$)			
Credit Card Name / Bank:		Balance (\$)			
Child Support:		Monthly Payment (\$)	Paid to Date?	Y	N
Primary Bank:		Balance (\$)			
Secondary Bank:		Balance (\$)			

Emergency / Personal Reference Information

Emergency Contact		Phone #	Alternate Phone #		
Relation	Address	City	Province	Postal	
Emergency Contact		Phone #	Alternate Phone #		
Relation	Address	City	Province	Postal	
Personal Reference		Phone #	Alternate Phone #		
Relation	Address	City	Province	Postal	
Personal Reference		Phone #	Alternate Phone #		
Relation	Address	City	Province	Postal	

Applicant Questionnaire / Authorization

Has the applicant ever been sued for unpaid bills?		Has the applicant ever been locked out of the apartment by the Sheriff?	
Has the applicant ever declared bankruptcy?		Has the applicant ever been brought to tribunal at the Landlord and Tenant Board?	
Has the applicant have a criminal record?		Has the applicant ever moved owing rent or damaged an apartment?	
Has the applicant ever broken a lease?		Is the total move-in amount available now? (Rent & Deposit)	

Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbours, and any other sources deemed necessary to investigate applicant. The applicant declares that all information contained in this application is true, accurate, and complete to the best of the applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. **Any person or firm is authorized to release information about the undersigned upon presentation of this form or a photocopy of this form at any time.**

If you have any questions or concerns, please phone (705) 759-7748 during regular office hours (8:30am - 4:30pm M-F).

X By checking this box, I, _____, Applicant, have read the above authorization and declaration and hereby provide my consent in place of a signature.

Date (MM/DD/YYYY)