

Clarence Williams Townhomes
2363 Union Street
Phone (519) 973-4942 Fax (519) 973-8437

HOUSING APPLICATION

INSTRUCTIONS:

- A Complete all sections.
- B Return the application to Clarence Williams Townhomes

1. Applicant Information:

Last Name: _____

First Name: _____

Date of Birth: (MM/DD/YYYY) _____

Social Insurance Number: (optional) _____

Sex: M F:

Status in Canada:

Canadian Citizen Landed Immigrant Indian Status

Refugee Refugee Claimant Other

Address:

Street Number: _____

Street Name: _____

Town/Municipality: _____ Postal Code: _____

Home Telephone: _____ E-mail: _____

Present Landlord's Name: _____

Address: _____

Telephone Number: _____

How long have you lived at your present address? _____

Is a baby expected? Y N

If Yes, When? Date: _____

2. Co-applicant or other persons to reside in the Unit applied for:

A) Last Name: _____

First Name: _____

Date of Birth: (MM/DD/YYYY) _____

Social Insurance Number: (optional) _____

Sex: M F:

Status in Canada:

Canadian Citizen Landed Immigrant Indian Status

Refugee Refugee Claimant Other

B) Last Name: _____

First Name: _____

Date of Birth: (MM/DD/YYYY) _____

Social Insurance Number: (optional) _____

Sex: M F:

Status in Canada :

Canadian Citizen Landed Immigrant Indian Status

Refugee Refugee Claimant Other

C) Last Name: _____

First Name: _____

Date of Birth: (MM/DD/YYYY) _____

Social Insurance Number: (optional) _____

Sex: M F:

Do all applicants reside in the present household? Y N

If No, please give reasons why not:

3. Residential History:

Please list all the address of all non-profits, co-op housing or public housing where you have resided in Ontario:

A) Address: _____

Housing Provider Name: _____

Period of Occupancy: From: _____ To: _____

Arrears, if any, owing: \$ _____

4. Previous Landlord(s):

Please list the most recent address first.

A) Landlord Name & Phone Number:

Address: _____

Period of Occupancy: From: _____ To: _____

Arrears, if any, owing: \$ _____

B) Landlord Name & Phone Number:

Address: _____

Period of Occupancy: From: _____ To: _____

Arrears, if any, owing: \$ _____

5. Applicant Employment Information:

Present Employer's Name:

Address Where Employed:

Telephone #: _____

Are you allowed to take personal calls? Y N

Length of Employment with Present Employer: _____

Co-Applicant Employment Information:

Present Employer's Name:

Address Where Employed:

Telephone #: _____

Are you allowed to take personal calls? Y N

Length of Employment with Present Employer: _____

6. Housing Preferences:

I/We wish to apply for the following:

2 Bedrooms 3 Bedrooms

Are you applying for a handicap unit? Y N

If Yes, please specify the type of need: _____

7. Income From All Sources:

Include income amounts from all sources for EVERY member of the household).

Applicant #1	Applicant #2	Applicant #3

**Is there a Person to be notified in Case of Emergency?
(Next of Kin)**

Name: _____

Address: _____

Additional Comments:

I/We the undersigned, acknowledge, understand and agree that: Falsification of any of the information given by me/us may be cause for NON-ACCEPTANCE of this application.

The application and supporting documents become the property of Clarence Williams Townhomes.

If rental accommodation is provided to me/us it will be occupied by only me/us it will be occupied by only me/us and only the person(s) listed on this application.

This application does not constitute an agreement on the part of Clarence Williams Townhomes.

At least one member of the household must be 16 years of age or older, must sign the application and consent.

I/We hereby release Clarence Williams Townhomes, all Housing Providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information.

The undersigned and all members of the household, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by Clarence Williams Townhomes.

Do you have any pet(s)? Yes No

Specify Type of Pet(s)

Note: Tenants must be in compliance with the City of Windsor By-laws pertaining to pets. Dogs MUST have City of Windsor License and be spayed and neutered. Copy of papers from veterinarian must be submitted to the office. "Responsibility for Damage" form must be signed by the tenant and submitted to the office.

SIGNATURES:

Date: _____

Applicant: _____

Co-applicant: _____