

Labour Community Service Centre  
3380 Ypres Avenue  
Phone (519) 254-2808 Fax (519) 254-3450

**HOUSING APPLICATION**

**INSTRUCTIONS:**

- A Complete all sections.
- B Return the application to Labour Community Service Centre

**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

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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 Labour Community Service Centre.

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 Labour Community Service Centre.

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 Labour Community Service Centre. 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 Labour Community Service Centre.

<p>Do you have any pet(s)?    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Specify Type of Pet(s)</p> <p>_____</p> <p><b>Note:</b> Tenants must be in compliance with the City of Windsor By-laws pertaining to pets. Dogs <u>MUST</u> 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.</p>
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**SIGNATURES:**

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_