

**TEMISKAMING SHORES SENIORS HOUSING CORPORATION
APPLICATION FOR TENANCY**

APPLICANT

Last Name: _____ First Name: _____

Date of Birth: ____/____/____
 YY MM DD

Phone: _____ Work Home Cell Alternate Contact

Phone: _____ Work Home Cell Alternate Contact

Street & Number: _____ Apt. No: _____

PO Box: _____ City: _____ Postal Code: _____

CO-APPLICANT

Last Name: _____ First Name: _____

Date of Birth: ____/____/____
 YY MM DD

Phone: _____ Work Home Cell Alternate Contact

Phone: _____ Work Home Cell Alternate Contact

Street & Number: _____ Apt. No: _____

P.O. Box: _____ City: _____ Postal Code: _____

HOUSING REQUIREMENTS

How many bedrooms do you require? _____

Are you able to live independently? Yes _____ No _____

Do you require a modified unit for wheelchair accessibility? Yes _____ No _____

Do you require parking? Yes _____ No _____

Do you have a motorized scooter that requires onsite charging? Yes _____ No _____

Do you have a pet? Yes _____ No _____ Specify _____ (See Pet Policy)

**TEMISKAMING SHORES SENIORS' HOUSING CORPORATION
AFFORDABLE HOUSING APPLICATION
INCOME VERIFICATION FOR AFFORDABLE HOUSING**

For Affordable Housing Applicants Only (Pg. 2 & 3)

Total Monthly Household Income

Source	Applicant	Co-Applicant	Proof
Canada Pension (CPP)			Bank statement x3 plus T4s
Old Age Security (OAS)			Bank statement x3 plus T4s
GAINS			Bank statement x3
Other Pensions			Bank statement x3
Employment Income			Last 3 pay stubs
EI or WSIB			Most recent statement or cheque stub
Other Income			3 months of Bank statements for every account

PROPERTY OWNERSHIP

Are you a property owner? Yes _____ No _____

If yes, provide verification such as the most recent municipal tax bill or MPAC assessment.

ASSETS

Bank Accounts	Current Balance		
	1	2	3
Savings			
Chequing			
TFSA (Tax Free Savings Account)			
Bonds/Savings Certificates			
Annuities, Shares, Securities, Stocks, Debentures			
Other (Specify)			

TRANSFERRED ASSETS

Have any assets been transferred during the past 3 years? Yes _____ No _____
If yes, indicate:

Date of Transfer _____ Value _____

Transferred to _____

Declaration

I, _____ (primary applicant) declare that this is a full disclosure of my income.

I, _____ (co-applicant) declare that this is a full disclosure of my income.

I understand that this information will be used to determine my eligibility for an affordable housing unit.

CONFIRMATION OF APPLICATION
(Office Use Only)

Application Received From (Primary Applicant) _____

Application Received By: _____

Date Received: _____ Time Received: _____

Deposit Received: _____ Time Received: _____

- 1 Bedroom Affordable \$ 770.00
- 2 Bedroom Affordable \$ 870.00
- 1 Bedroom Market \$1,420.00
- 2 Bedroom Market \$1,640.00

Date Rent Check Approved: _____