



Sagonaska Place O/A Infinity Property Services

226 South May St, Main Floor, Thunder Bay ON, P7E
1B4 64 Cedar Pointe Dr. Unit 1401, Barrie, ON L4N 5R7
1-800-891-5882



Rental Application

Applicant's Full Name:

First Name Initial Surname

male female

_____ Yes No

Date of Birth: mm/dd/yyyy Are you over 55?

Please check the appropriate box:

First Nation Inuit Métis Non-Status Non-Native

Indigenous Citizenship Number Gross Income/month: \$

Certificate of Indian Status #

Social Insurance Number (optional):

H phone: () _____ - _____

W phone: () _____ - _____

C phone: () _____ - _____

Email address: _____

Add to IPS email list? NO YES

Is the Applicant 16 years of age or older, and able to live independently? NO YES

Current Address:

Co-applicant (if any):

First Name Initial Surname

male female

_____ MNO Number

Date of Birth: mm/dd/yyyy Status Number

Please check the appropriate box:

First Nation Inuit Métis Non-Status Non-Native

Gross Income/month: \$ _____

Social Insurance Number (optional): _____

H Phone #: () _____ - _____

W Phone #: () _____ - _____

C Phone #: () _____ - _____

Email address: _____

Add to MNO email list? NO YES

Current Address (leave blank if same as Applicant):

UNIT SIZE REQUESTED: 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Are you willing to relocate to another community/region? NO YES
If yes, where (see attached location sheets):

Date Required:

Question #1 Household Composition										
Full Name of Other Household Member(s)	Date of Birth D/M/YYYY	M/F	Relationship to Applicant (daughter, son, partner, etc)	Income/month	Dependent? YES/NO	For each applicant, please check the appropriate column				
						FN	Métis	Inuit	Non-Status	Non-Native
1				\$						
2				\$						
3				\$						
4				\$						
5				\$						
6				\$						
7				\$						
8				\$						

Question #2 Household Employment Income Information (include any spousal or child support received)

Household Member: Applicant #		Spousal or child support \$		/month
Name & address of Employer/Sources of Income:			How long:	
Phone #: () -			Rate of Pay:	
Total Hours/Week:				
Household Member: Applicant #		Spousal or child support \$		/month
Name & address of Employer/Sources of Income:			How long:	
Phone #: () -			Rate of Pay:	
Total Hours/Week:				
Household Member: Applicant #		Spousal or child support \$		/month
Name & address of Employer/Sources of Income:			How long:	
Phone #: () -			Rate of Pay:	
Total Hours/Week:				

Question #3 Other Household Income: If on Social Support, select all that apply (if not applicable, go to Question #4)

ODSP
 OW
 Canada Child Benefit (CCB)
 CPP
 Old Age Security (OAS)
 Guaranteed Income Supplement

Monthly Total, except for CCB: \$

Canada Child Tax Benefit (CCB) monthly amount: \$

Spousal or Child Support monthly amount: \$

Education living allowance (i.e. OSAP, FN Education Living Allowance, ETC.): \$

Other Income Source(s) monthly amount: \$ Specify type of income:

Question #4 Financial Obligations

Are you aware of any judgments, writs, executions or pending court actions: NO YES

Are you currently in arrears and/or have outstanding debt with a Social Housing provider, or any landlord?
 NO YES, indicate payments below

Payments to	How much/how often (monthly, weekly)
	\$
	\$
	\$

Question #5 Details on Present Accommodations (If without accommodation select N/A and go to #6)

At present, do you <input type="checkbox"/> RENT or <input type="checkbox"/> OWN <input type="checkbox"/> N/A	If rental, are you currently with a Social Housing provider? <input type="checkbox"/> NO <input type="checkbox"/> YES
Living in : <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other	

Briefly describe your current accommodations:

Current monthly rent: \$	Does the rent include heat, hydro or water <input type="checkbox"/> YES <input type="checkbox"/> NO		
If not included with rent, how much monthly for:	Heat \$	Hydro \$	Water \$

Question #6 Additional Information

Number and type of pets:

Smoker(s) YES NO

Question #7 Residence History

Please provide your residence history (addresses) for the past five years . If you have more than the spaces allow for, please attach those addresses separately, including the information requested at right ➡.	For how long?	Reason for leaving (if current residence, your reason for <u>wanting</u> to leave)
1. Current Residence (if any)		
2.		
3.		
4.		
5.		

Question #8 How did you hear about Sagonaska Place?

Question #9 Are there special circumstances that should be considered by Sagonaska place?

The Sagonaska Housing Program was designed to assist eligible families to have access to adequate, suitable and affordable housing. Tenant selection is based on guidelines as set out by Sagonaska Place and their partners. Tenants are selected on a priority basis, that is, those with the greatest need will be housed first. Those priorities are:

1. Families/single parent families/seniors/individuals who have had no other alternative but to turn to emergency shelters to escape violence or any other type of physical or mental grief by their spouses, or partners, or other family members with whom they reside and from whom they intend to separate permanently.
2. Families/single parent families/seniors/individuals that are without or to be without housing by no fault of their own, families whose residence has been destroyed and have no place to live, landlords who have sold the property and have terminated the family's tenancy, individuals who have been released from a hospital or facility and cannot return to their former residence, families at risk of losing custody of children through lack of safe affordable housing.
3. Families/single parent families/seniors/individuals that have had no alternative but to separate and seek living accommodations with other family members because of the lack of affordable housing.
4. Families/single parent families/seniors/individuals that are currently living with hazardous conditions such as; inadequate kitchen facilities, inadequate bathroom facilities, inadequate recreational space for children, inadequate or no electrical wiring, inadequate or unsafe heating facilities, other identified risks, or the need for specific housing requirements e.g. wheel chair access, ground floor.

Are there any priorities that apply to you/your household? Please explain:

REFERENCES

Bank Reference (Name of Bank)	Address	
Chequing Account #	Savings Account #	
Credit Reference (Name of Credit Card Issuer)	Credit Account #	
Address	Phone #	
Personal Reference	Address	Phone #

LOANS

Institution	Address	Monthly Pmt.	Balance
1.			
2.			
3.			

VEHICLES

Make/ Model	Year/Colour	Licence Plate Number	Province
1.			
2.			
3.			

Question #10 In case of emergency: Please give contact details for three family members

Name	Addres	Phone # with area code

I/we agree that if my application is accepted but the tenant who currently occupies the subject premises fails or refuses to vacate the premises prior to the intended commencement of my tenancy, then my right to the proposed tenancy shall come to an end, without any further claim against the landlord.

I/we agree that if my application is accepted, and the terms and conditions of the Lease Agreement are within the parameters of the Residential Tenancies Act, I/we will sign the Sagonaska Lease Agreement with IPS and Right at Home Realty, and I/we will comply with all terms and conditions contained in the Sagonaska Lease Agreement.

I/we consent to permitting the landlord to check and confirm my credit history, credit references, rental history, employment history and income amount, and to exchange any information to verify the above as permitted under the Ontario Human Rights Code.

I/We consent to and authorize the Right at Home Realty and Infinity Property Services to confirm my Indigenous status.

I/we consent to the sharing of my information with your partners.

I/we agree that if my application is approved, but the first month's rent is not received in full on the agreed-to move in date, and/or I/we do not sign the Sagonaska Lease Agreement, then the Landlord shall not be obligated to rent the premises to the applicant.

The undersigned agree(s) that all information given is to be legal and true. Not complying, or falsifying information, is grounds for immediate eviction should this application be approved.

I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that Right at Home Realty and Infinity Property Services reserves the right to reject this application at their sole discretion. I/we have read and understand these conditions.

Applicant Signature

Date

Co-Applicant Signature

Date

Guarantor Signature (if required)

Please print name

Date

Please complete application in full and email to rentals@sagonaskaplace.com or mail to:

Infinity Property Services
226 May St. S. Thunder Bay, ON P7E 1B4
Fax: 1-807-626-9030

Infinity Property Services
64 Cedar Pointe Dr.#1401 Barrie, ON L4N 4R7
Fax: (705)722-8080

If you require further information or assistance with this application, please call Toll Free 1-800-891-5882.

PREFERRED HOUSING LOCATION MUST BE INCLUDED WITH YOUR APPLICATION

Please identify which communities interest you and sign at the bottom of the page:

Sagonaska Place (1 North Front St Belleville)

1 Bedroom plus den

Studio

Studio Plus Den

1 Bedroom

1 Bedroom Plus Den (Premium)

Do you have any comments or special requests?

Applicant Name:		Signature:	
Co-Applicant Name:		Signature:	