



DURHAM RENT BANK Application Form

For assistance with completing this application or if you have any questions, please contact:
HOUSING HELP DURHAM Tel: 905-686-2661 Toll free: 866-746-3696 Fax: 905-686-0984

FOR OFFICE USE ONLY:

Date Received: _____

ID Number: _____

APPLICANT INFORMATION

Name(s): _____

Date of Birth: _____

SIN: _____

Address: _____

Unit #	Street #	Street Name	Town/City	Postal Code
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Phone: _____

Referred by (agency & worker): _____

Cell: _____

Fax: _____

OTHER HOUSEHOLD MEMBERS

This includes all people living with you, including children and boarders.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

LANDLORD INFORMATION

Landlord/Property Manager: _____ Phone: _____

Company: _____ Fax: _____

Address: _____

Unit #	Street #	Street Name	Town/City	Postal Code
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We will be contacting your landlord to discuss your arrears and the repayment options. **Before we call or meet with your landlord, is there anything we should know?**

Details: _____

CURRENT RENT ARREARS

Month(s) for which rent is owed: _____ Amount of Arrears owing: _____

Have you received a notice from your landlord for these arrears? Yes No

Are you currently under eviction proceedings? Yes No

Have you tried to talk to your landlord about the rent owing? Yes No

Reason cannot pay rent (be specific): _____

Have you tried to obtain assistance for the rent arrears? Yes No

Family Social Services Bank or Credit Union Other

CURRENT RENTAL HOUSING INFORMATION

How much is your rent? _____ Does this include heat/utilities? Yes No

Date you moved into this address: _____ Cost of heat/utilities: _____

Number of bedrooms (circle one): Bachelor 1 2 3 4 5

Do you have a lease? Yes No **If Yes, please provide a copy with this application**

Did you pay first and last month's rent when you moved in? Yes No

Are there any outstanding repairs/work orders on your unit? Yes No Don't Know

Are you planning on moving before the end of the lease (if applicable)? Yes No

Are you currently on the waiting list for subsidized housing in Durham Region? Yes No

RENTAL HISTORY

(If less than 3 years at current address, provide information for most recent prior address)

Address: _____

Unit #	Street #	Street Name	Town/City	Postal Code
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Landlord/Property Manager: _____ Phone: _____

Date of Move-in: _____ Date of Move-out: _____

Reason for Moving: _____

Do you owe any rental arrears other than those covered by this application? Yes No

Have you ever been evicted: Yes No When? _____

Have you stayed in a hostel or shelter in the past year? Yes No

INCOME INFORMATION

What is the main source(s) of family income? (for you and all persons living with you)

<input type="checkbox"/> Employment	<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Insurance Benefits
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> Ontario Disability Support Plan	<input type="checkbox"/> OSAP
<input type="checkbox"/> Child/Spousal Support	<input type="checkbox"/> Training Allowance	<input type="checkbox"/> Pension
<input type="checkbox"/> No Income		
<input type="checkbox"/> Other Income (<i>Specify</i>) _____		

Please submit proof of income e.g. pay stubs, benefit statements. In lieu of this, we will be contacting the income source to verify your monthly income.

Employer: _____

Address: _____

Unit #	Street #	Street Name	Town/City	Postal Code
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Total gross family income (before any deductions) from all sources: _____

Are any deductions (other than income tax, Canada Pension Plan, Employment Insurance, union dues, and mandatory company pension plans) being taken from your income? Yes No

Details: _____

Do you expect to receive any money in the near future? Yes No
(e.g. income tax refund, EI, gifts, inheritance)

If Yes, please explain: _____

EXPENSES

Please list monthly bills from all sources including credit cards, heating, utilities (hydro, water, cable, phone), bank/credit union loans or lines of credit, student loans, car/truck payments, support payments, insurance.

Company	Phone	Account #	Total Owing	How long owed

CONSENT

I consent to Community Development Council Durham (CDCD) contacting my landlord to confirm eligibility for this program. I further consent to CDCD contacting the income source named above to verify my income. I fully understand the nature and purpose of this consent and have given my consent and authorization voluntarily. I understand that if something on this form is incorrect or not true, I may be ineligible for assistance.

Date:	Signature of applicant:	Signature of witness:
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Funded by the Province of Ontario and the Region of Durham

