

Rental Housing Application

Date received by LHO \_\_\_\_\_ Application ID \_\_\_\_\_ Updated \_\_\_\_\_

What is your primary language? \_\_\_\_\_

Do you need an interpreter? Yes/No

**Applicant**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender: Female/Male/Other

Birthdate: (dd/mm/yyyy) \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Senior: Yes/No            Disabled: Yes/No

Marital Status: Single/Married/Common-Law,  
Separated, Divorced, Widow

Current Accommodations

- Renting From Private Landlord
- Staying with parent
- Stating with another relative/friend
- Homeless

Current Address: \_\_\_\_\_

Street Address/House number \_\_\_\_\_

Community \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of arrival in the community: \_\_\_\_\_

If less than 6 years, provide previous address:

Community	Date

Mailing address: \_\_\_\_\_

Home phone #: (---) \_\_\_\_\_

Cell phone #: (---) \_\_\_\_\_

Work phone #: (---) \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Email: \_\_\_\_\_

What is your primary language? \_\_\_\_\_

Do you need an interpreter? Yes/No

**Co-Applicant**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Gender: Female/Male/Other

Birthdate: (dd/mm/yyyy) \_\_\_\_\_

Social Insurance #: \_\_\_\_\_

Senior: Yes/No            Disabled: Yes/No

Marital Status: Single/Married/Common-Law,  
Separated, Divorced, Widow

Current Accommodations

- Renting from Private Landlord
- Staying with parent
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Street Address/House Number \_\_\_\_\_

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Home phone #: (---) \_\_\_\_\_

Cell phone #: (---) \_\_\_\_\_

Work phone #: (---) \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Email: \_\_\_\_\_

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**PRESENT ACCOMODATIONS:**

Number of people living in the current unit: \_\_\_\_\_ Current Landlord: \_\_\_\_\_  
 Number of bedrooms in the current unit: \_\_\_\_\_ Landlord telephone #: \_\_\_\_\_  
 How long have lived at this address: \_\_\_\_\_ Landlord email: \_\_\_\_\_  
 Have you received a notice from your current landlord that you must move out? \_\_\_\_\_  
 If yes, please provide a copy of the notice

**Present Monthly Housing Expenses:**

Rent	\$
Mortgage Payment	\$
Power	\$
Heating	\$
Water & Sewer	\$
Parking	\$
Insurance	\$
<b>TOTAL HOUSING COSTS</b>	<b>\$</b>

**HOUSEHOLD INFORMATION:**

Name all the people who are living with you as well as the people who will be moving into Public Housing with you:

Moving in PH	Name	DOB (dd/mm/yyyy)	Gender	SIN#	Relationship to applicant (s)
Yes/No					

Is any member of the household expecting a baby? Yes/No If yes, when is the baby due? \_\_\_\_\_

Do you share custody of the children listed in this application? Yes/No If yes, please provide custody documentation.

Do you have children in care at this time because you do not have suitable housing? Yes/No  
 If YES, please provide documentation from Health & Social Services (HSS)

Has the **applicant, co-applicant or household member** lived in Public Housing before this application? Yes/No  
 If YES, where \_\_\_\_\_ when (date) \_\_\_\_\_

Does the **applicant, co-applicant or household member** have arrears with "ANY" Local Housing Organization (LHO) in the NWT? Yes/No  
 If yes, where \_\_\_\_\_ \$ \_\_\_\_\_  
 If YES, is there a current repayment plan/Last Chance Agreement? Yes/No

Does the **applicant, co-applicant or household member** have arrears with the NWT Housing Corporation? Yes/No  
 If YES, where \_\_\_\_\_ \$ \_\_\_\_\_  
 If YES, is there a current repayment plan? Yes/No

Has either the **applicant, co-applicant or household member** had a previous tenancy agreement terminated? Yes/No  
 If YES, please provide details: \_\_\_\_\_

Has either the **applicant, co-applicant or household member** been evicted from Public Housing? Yes/No  
 If YES, please provide details: \_\_\_\_\_

Are you or any household member receiving any other housing benefit (rent supplement) at this time? Yes/No

Have you or any household member ever received a grant/subsidy or housing program assistance from the NWT Housing Corporation? Yes/No

Do you or any household member OWN or CO-OWN a house/cabin/rental property/vacant lot in the NWT, Canada or any other country at this time? Yes/No  
 If YES, where \_\_\_\_\_

Do you have an outstanding mortgage with any Financial Institution at this time? Yes/No  
 If YES, where \_\_\_\_\_ Outstanding \$ \_\_\_\_\_ Monthly payment \$ \_\_\_\_\_

Do you or any household member plan to purchase a house in the NWT or anywhere else at this time? Yes/No

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If YES, where \_\_\_\_\_

Will the NWT Power Corporation accept your application to open a power account? Yes/No

**SPECIAL NEEDS**

Do you need a wheelchair-accessible building? Yes/no

If YES, for which household member? \_\_\_\_\_

Do you or any other household member require a modified unit for a physical disability? Yes/No

If YES, please provide medical documentation describing the disability and require modifications.

**Family Violence?**

**PETS**

Do you have or plan on having a pet? YES/NO

**REFERENCE CHECK FROM PREVIOUS LANDLORD(S)**

NAME OF LANDLORD	ADDRESS	EMAIL	PHONE NUMBER

**PERSONAL REFERENCE CHECKS**

NAME	ADDRESS	EMAIL	PHONE NUMBER

**REASONS FOR APPLYING**


**CONSENT AND DECLARATION**

**I/We declare:**

All the information to this application is correct and complete.

**I/We authorize:**

The LHO to make any inquiries that are necessary to verify the information given in this application;

Members of the LHO to receive and exchange information with credit bureaus and my/our previous landlords and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;

The release of income information from my income tax records by the Canada Revenue Agency (CRA) to the LHO. This information will be relevant to and used solely to confirm income and set rental charges for subsidized rental housing.

**I/We understand**

That this application is not an agreement on the part of the LHO or its members to provide me/us with housing;

That if I/we refuse a unit, my/our application will be cancelled, and I/we must re-apply.

It is my/our responsibility to keep the LHO updated on any changes to my/our circumstances and/or the information provided in this application;

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It is my/our responsibility to provide any supporting documentation as required;

Any false information given by me/us may result in my/our application being cancelled;

That I/we must update my/our file at least once every 6 months or whenever any information on this application changes. (For example, changes relating to address, phone number, household composition and household income.)

That if I/we are considered for a unit, the LHO may require additional information to ensure my/our application is up to date and that my/our household still meets the eligibility requirements.

**I have read and accept all terms and conditions of the Consent and Declaration section.**

**Application must be signed by everyone age 19 and older:**

Print Name	Signature of Applicant(s)	Date (dd/mm/yyyy)

*“This personal information is being collected under the authority of NWT Housing Act and will be used to determine your eligibility for housing programs. Information is protected by the privacy of the Access to Information and Protection of Privacy Act. If you have any questions about the collection of information, contact your local housing office.”*

SAMPLE

**FOR LHO USE ONLY**

**EVALUATION OF THE APPLICATIONS**

1. Is the applicant 19 years of age or older?
2. Verification of Household's Gross Income

Applicant	Co-Applicant	Other Members 19 & over	Total Monthly Gross Income
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To determine if a household's income is over Community Rental CNIT, you calculate:



Application is NOT eligible for public Housing if the amount in Total Monthly Gross Household Income is greater than the amount in the Community Rental CNIT box.

3. Is applicant in Core Need?

# of Bedrooms Short	Is Suitable?
Unit Condition Rating	Is Adequate
More than 30% of gross income spent on shelter if not Public Housing was available	Is Affordable

4. Has the Community Residency requirement been met?
5. Application Suitability  
History of rental arrears or poor credit rating or unacceptable upkeep or damage to present and/or previous dwelling(s) or whose personal habits are KNOWN to cause damage to a housing unit and adversely disturb the "quiet enjoyment" by neighbors?  
If YES- Specify the details

**ELIGIBILITY**

I have reviewed this application and consider this applicant to be:  
Eligible \_\_\_\_\_, Not Eligible to be point rated for public housing \_\_\_\_\_

LHO Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Letter to applicant confirming status of application: Date \_\_\_\_\_