



Goodwill Niagara
111 Church Street, St. Catharines,
Ontario L2R 3C9
Phone: 905-685-6893
Fax: 905-685-7656

Please choose which apartment building you are applying for:

- 36 Page Street, St. Catharines
- 1 Churchill Avenue, Welland

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION

Date of Application: _____

1. APPLICANT

Last Name _____ First Name _____

Birth Date ____/____/____
(mm/dd/year)

Address _____ Unit # _____

City / Town _____ Postal Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Alternate Contact (Phone # or Email) _____

Are you applying for: One bedroom Two bedroom Barrier free
(wheelchair accessible)

2. CO-APPLICANT

Last Name _____ First Name _____

Birth Date ____/____/____
(mm/dd/year)

Address _____ Unit # _____

City / Town _____ Postal Code _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Alternate Contact (Phone # or Email) _____

Relationship to Applicant 1 _____

3. OTHER PEOPLE WHO WILL BE LIVING WITH YOU

First Name	Last Name	Date of Birth MM/DD/YY	Male / Female	Relationship to Applicant

4. PRESENT HOUSING INFORMATION

Are you currently Renting Living in temporary accommodation

If living in temporary accommodation, please specify _____

Current Landlord's Name _____ Phone # _____

Date you moved into your current accommodation _____ Current Rent Cost \$ _____

How long have you lived in your current accommodation? _____

Are you under notice to vacate your home? Yes No

If yes, when? _____ Why? _____

5. HOUSING HISTORY

Previous Landlord's Name	Your Previous Address	Previous Landlord's Phone Number	Move In / Move Out Dates

Do you owe money to any non profit or co-operative housing provider? Yes No

Amount Owing \$ _____ Is there a repayment agreement in place? Yes No

6. HOUSEHOLD INCOME

TOTAL MONTHLY HOUSEHOLD INCOME (Total amount before deductions)

You must state all sources of income for each member of your household over the age of 16. Proof of income is required i.e.: photocopies of pay stubs *and/or* bank books showing monthly income deposits.

Source of Income	Applicant 1 (\$)	Applicant 2 (\$)	Other (\$)	Other (\$)
Employment				
Ontario Works				
ODSP (Ontario Disability Support Program)				
Employment Insurance (EI)				
Worker's Compensation				
Guaranteed Income Supplement				
Old Age Security (OAS)				
Canada Pension (CPP)				
Other Pension				
Other Country Pension				
Other Income				

DECLARATION

Pursuant to the Provincial / Municipal Freedom of Information and Protection of Privacy Act, I give my consent and authorization to Goodwill Niagara:

1. To make inquiries to verify the information given on this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Goodwill Niagara. I agree to provide any supporting material required for my application.
2. To disclose the information given on this form to non-profit housing corporations, co-operatives, and other municipal, provincial, and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me and persons listed on this application.
3. I understand that if I have any arrears owing to any non-profit or co-operative housing provider and have not made acceptable payment arrangements, I will be deemed ineligible.
4. I understand that I must advise Goodwill Niagara of any changes in contact information and/or household composition **within 10 days** of the change or my application will be cancelled and I must reapply.

All members of the household over the age of 16 must sign this document

Applicant Signature: _____ **Date:** _____
(mm/dd/year)

Co-Applicant Signature: _____ **Date:** _____
(mm/dd/year)

Other Signature: _____ **Date:** _____
(mm/dd/year)

Other Signature: _____ **Date:** _____
(mm/dd/year)