

Applicant

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|--|--------------------------|---|-------------|
| First Name: | Last Name: | <input type="checkbox"/> Canadian Citizen | |
| Date of Birth (mm/dd/yyyy): | Social Insurance Number: | <input type="checkbox"/> Permanent Resident | |
| Street Address | Unit No. | City | Postal Code |
| Home Phone: | Cell Phone: | E-mail: | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |

Co-Applicant

| | | | |
|-----------------------------|--------------------------|---|--|
| First Name: | Last Name: | <input type="checkbox"/> Canadian Citizen | |
| Date of Birth (mm/dd/yyyy): | Social Insurance Number: | <input type="checkbox"/> Permanent Resident | |

What is the total number of people living in your home? _____

What are the ages of any dependents living in your home? _____

Employment History (provide 3 years history)
Applicant

| Start Date | End Date | Name of Employer | Job Title |
|------------|----------|------------------|-----------|
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Co-Applicant

| Start Date | End Date | Name of Employer | Job Title |
|------------|----------|------------------|-----------|
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Attach the following information to this application:

- Child Care Benefits A copy of your most recent Child Care Benefit Statement or a copy of your bank statement showing the direct deposits
- Other Income A copy of your most recent pay stub or income statement

Cities you are interested in (check all that apply):

St. Catharines Niagara Falls Welland Port Colborne Fort Erie Lincoln
 Grimsby West Lincoln Niagara-on-the-Lake Pelham Wainfleet Thorold

Income Information

List all income for members of the household 18 years of age and older who are not full-time students

| Sources of Income | Type of Income | Please list the Gross monthly amount (Gross is the amount before deductions) | | |
|-------------------------------|---|---|--------------|-------------------------|
| | | Applicant | Co-Applicant | Other Household Members |
| Employment | Employment | | | |
| | Employment Insurance (EI) | | | |
| | WSIB | | | |
| Social Assistance | Social Assistance (OW) | | | |
| | Ontario Disability (ODSP) (Shelter & Basic Benefit only) | | | |
| Pension and Allowances | Canada Pension Plan (CPP) | | | |
| | Old Age Security (OAS) | | | |
| Other | Child Tax Benefit (CTB) | | | |
| | Spousal Support | | | |
| | Child Support | | | |
| | Other income (specify) | | | |
| Totals | | | | |

Habitat for Humanity Niagara ("Habitat") is committed to protecting the security and confidentiality of the personal information that has been provided to us in this Application for a Habitat Home. Habitat collects, uses and discloses such personal information for the purposes of processing this Application, and for such other purposes where you consent or where such collection or use is required or permitted by law. The personal information Habitat collects and uses in relation to this application is kept in a secure and confidential file. Access to this file will be restricted to individuals at Habitat who require access in order to fulfil the purposes described above. The personal information contained in this Application will be kept by Habitat only as long as it is required in order to fulfil the purposes described above or as required by law.

By completing and signing this Application, the Applicant(s) are consenting to Habitat's use and disclosure of the personal information contained in the Application for the purpose of making any inquiries Habitat deems necessary in order to make a decision regarding this Application, including contacting any references, obtaining credit history information from a credit reporting agency and/or financial institution.

Dated

Signature of Applicant

Signature of Co-Applicant

Please return application to: Habitat for Humanity Niagara
150 Bunting Rd, St Catharines, ON L2P 3G5
Fax: 905-685-7396

Questions? Contact: Family Services at 905-685-7395 Ext 403 or familyservices@habitatniagara.ca