



155 Queen St. N
Hamilton ON
L8R 2V7

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MARKET APPLICATION FOR FAMILY ACCOMMODATION

I. APPLICANT

Last Name		First Name		Date of Birth (dd/mm/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			Postal Code		Unit/Apartment No.
City/Municipality		Home Telephone No.		E-mail	Social Insurance No.
Person to contact in your absence or to act as an interpreter		Name		Telephone No. <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Interpreter <input type="checkbox"/> Other	

2. PRESENT EMPLOYMENT OF APPLICANT (ALSO COMPLETE IF SELF-EMPLOYED)

Present Employer's Name		Telephone No.			
Address Where Employed		Municipality		Length of Employment year(s) month(s)	
Occupation		Name of Department		Telephone No. Extension	
Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No					

3. CO-APPLICANT

Last Name		First Name		Date of Birth (dd/mm/yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			Postal Code		Unit/Apartment No.
City/Municipality		Home Telephone No.		E-mail	Social Insurance No.
Relationship to Applicant					

4. PRESENT EMPLOYMENT OF CO-APPLICANT (ALSO COMPLETE IF SELF-EMPLOYED)

Present Employer's Name		Telephone No.			
Address Where Employed		Municipality		Length of Employment year(s) month(s)	
Occupation		Name of Department		Telephone No. Extension	
Are you allowed to take personal calls? <input type="checkbox"/> Yes <input type="checkbox"/> No					

5. PRESENT ACCOMMODATION OF FAMILY

Present Landlord's Name		Telephone No.			
Address				Length of Residency year(s) month(s)	

6. PREVIOUS LANDLORD AND RESIDENTIAL HISTORY

Previous Landlord's Name	Telephone No.	Address
Previous Address of: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant		Reason for Leaving
		Length of Residency _____ year(s) _____ month(s)

7. FAMILY INCOME

SOURCE OF INCOME	GROSS MONTHLY INCOME		
	APPLICANT	CO-APPLICANT	OTHER FAMILY MEMBERS
EMPLOYMENT (FROM ALL EMPLOYERS)	\$	\$	\$
SOCIAL ASSISTANCE	\$	\$	\$
OLD AGE SECURITY	\$	\$	\$
ALIMONY/SUPPORT	\$	\$	\$
UNEMPLOYMENT INSURANCE	\$	\$	\$
OTHER (SPECIFY)	\$	\$	\$

8. BANKING INFORMATION

1. Bank Name	Branch Address	Account Number
2. Bank Name	Branch Address	Account Number

9. OTHER FAMILY MEMBERS TO RESIDE IN ACCOMMODATION APPLIED FOR

LAST NAME	FIRST NAME	SOCIAL INSURANCE NO.	DATE OF BIRTH			SEX		RELATIONSHIP
			Day	Month	Year	M	F	

10. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (NEXT OF KIN, SPONSOR, DOCTOR, FRIEND)

1. Next of Kin/Sponsor Name	Address	Telephone Number	Relationship
2. Next of Kin/Sponsor Name	Address	Telephone Number	Relationship

DECLARATION

"I make the following Representations and Warranties knowing that they will be relied upon by Victoria Park Management to assess my qualifications for rental accommodation:

1. The information given in the form is accurate and complete.
2. I understand that if rental accommodation is provided to me, that accommodation is to be occupied only by me and those members of my family approved by Victoria Park Management.
3. I do _____ / do not _____ owe money to any landlord and/or utility company.

I give my consent and authorization to Victoria Park Management.

To make any inquiries that it deems necessary to verify the information given in this form and I authorize any person, corporation, or any social agency having knowledge of any such required information to release the information to Victoria Park Management. I agree to provide any supporting material Victoria Park Management may require.

Witness	Applicant	Date
Witness	Applicant	Date