



**Wahkaihanun Futures Housing Services:**

**P.O. Box 393  
Fort Frances, ON  
P9A 3M7**

Rental Application, FIMUR (confidential)

**Applicant's Full Name:**

\_\_\_\_\_

First Name    Initial    Surname     male  female

\_\_\_\_\_

Date of Birth: mm/dd/yyyy

**Please check the appropriate box:**

First Nation  Inuit  Métis  Non-Status  Non-Native

**Income/month: \$** \_\_\_\_\_

Social Insurance Number (optional): \_\_\_\_\_

If applicant is under 18, is the Applicant 16 years of age or older, and able to live independently?  Yes  No

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

**Co-applicant (if any):**

\_\_\_\_\_

First Name    Initial    Surname     male  female

\_\_\_\_\_

Date of Birth: mm/dd/yyyy

**Please check the appropriate box:**

First Nation  Inuit  Métis  Non-Status  Non-Native

**Income/month: \$** \_\_\_\_\_

Social Insurance Number (optional): \_\_\_\_\_

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

**UNIT SIZE REQUESTED:**  Bachelor  1 Bedroom  2 Bedroom  3 Bedroom  4/5 Bedroom

Date Required: \_\_\_\_\_

H phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

W phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

C phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

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

H Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

W Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

C Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

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

**Question #1 Household Composition**

Name	DOB D/M/Y	m/f	Relationship (daughter, son, partner etc)	Income/month	Dependant (y,n)	For each applicant, please check the appropriate column			
						FN	Métis	Inuit	Non- Status Non-Native
1.									
2.									
3.									
4.									
5.									

**Question #2 Household Employment Income Information (include any spousal or child support received)**

Household Member: Applicant # \_\_\_\_\_ Spousal or child support \$ \_\_\_\_\_ /mo.  
 Name & address of Employer/Sources of Income: \_\_\_\_\_ How long?: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_

Household Member: Applicant # \_\_\_\_\_ Spousal or child support \$ \_\_\_\_\_ /mo.  
 Name & address of Employer/Sources of Income: \_\_\_\_\_ How long?: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Total Hours/Week: \_\_\_\_\_

**Question #3 Other Household Income: If a Social Support, select all that apply (if not applicable, go to #4)**

ODSP  OW  CPP  Child Tax Benefit (CTB)  Old Age Security  Guaranteed Income Supplement   
 Monthly Total, except for CTB: \$ \_\_\_\_\_ Income Maintenance Officer: \_\_\_\_\_  
 Canada Child Tax Benefit monthly amount: \$ \_\_\_\_\_  
 Spousal or Child Support monthly amount: \$ \_\_\_\_\_  
 Education living allowance (i.e. OSAP, FN Education Living Allowance): \$ \_\_\_\_\_

**Question #4 Financial Obligations**

Are you aware of any judgements, writs, executions or pending court actions against you:  Yes  No  
 Are you currently in arrears &/or have outstanding debt with a Social Housing provider, or any landlord?  
 Yes  No If no, go to Question #5

Payments to \_\_\_\_\_ How much/how often (monthly, weekly)  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

**Question #5 Details on Present Accommodations (If without accommodation select n/a and go to #6)**

At present, do you  rent or  own  n/a If rental, are you currently in Social housing?  
 Yes  No

Living in a  House  Apartment  Other  
 Briefly describe your current accommodations:

Monthly rent: \_\_\_\_\_

**Question #6 Additional Information**

Number and type of pets: \_\_\_\_\_

Smoker(s) yes no

**Question #7 Residence History**

Please provide your residence history (addresses) for the past **three years**. If you have more than the spaces allow for, please attach those addresses separately, including the information requested at right .

For how long?

Reason for leaving (if current residence, your reason for wanting to leave)

**1. Current Residence (if any)**

2.

3.

**Question #8 How did you hear about our apartments/rental units?** \_\_\_\_\_

**Question #9 Are there special circumstances that should be considered by WFC?** \_\_\_\_\_

The First Nation, Inuit, Metis Urban and Rural housing program (FIMUR) was designed with priorities for tenant selection derived from consultations with the off-reserve Aboriginal community in Ontario. Those priorities are:

1. Families/single parent families/seniors/individuals who have had no other alternative but to turn to emergency shelters to escape violence or any other type of physical or mental grief by their spouses, or partners, or other family members with whom they reside and from whom they intend to separate permanently.
2. Families/single parent families/seniors/individuals that are without or to be without housing by no fault of their own, families whose residence has been destroyed and have no place to live, landlords who have sold the property and have terminated the families tenancy, individuals who have been released from a hospital or facility and cannot return to their former residence, families at risk of losing custody of children through lack of safe affordable housing.
3. Families/single parent families/seniors/individuals that have had no alternative but to separate and seek living accommodations with other family members because of the lack of affordable housing.
4. Families/single parent families/seniors/individuals that are currently living with hazardous conditions such as; inadequate kitchen facilities, inadequate bathroom facilities, inadequate recreational space for children, inadequate or no electrical wiring, inadequate or unsafe heating facilities, other identified risks, or the need for specific housing requirements e.g. wheel chair access, ground floor.

**REFERENCES**

**Bank Reference (Name of Bank)** \_\_\_\_\_ **Address** \_\_\_\_\_

**Chequing Account #** \_\_\_\_\_ **Savings Account #** \_\_\_\_\_

**Personal Reference** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Question #10 In case of emergency: Please give contact details for notification purposes.**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Phone # with area code** \_\_\_\_\_

I/we agree that if my application is accepted but the tenant who currently occupies the subject premises fails or refuses to vacate the premises prior to the intended commencement of my tenancy, then my right to the proposed tenancy shall come to an end, without any further claim against the landlord.

I/we agree that if my application is accepted, and the terms and conditions of the Residential Tenancy Agreement are within the parameters of the **Residential Tenancies Act**, I/we will sign the Residential Tenancy Agreement with the landlord, and I/we will comply with all terms and conditions contained in the Residential Tenancy Agreement.

I/we consent to permitting the landlord to check and confirm my credit history, credit references, rental history, employment history and income amount, and to exchange any information to verify the above as permitted under the Ontario Human Rights Code.

I/we consent to the sharing of my information with your partners.

I/we agree that if my application is approved, but the first month's rent is not received in full on the agreed-to move in date, or I do not sign the Residential Tenancy Agreement, then the landlord shall not be obligated to rent the premises to the applicant.

The undersigned agree(s) that all information given is to be legal and true. Not complying (falsifying information) is grounds for immediate eviction should this application be approved.

I/we hereby certify that the above information is true and complete and that I/we have not withheld any information relevant to this application. It is also understood that the landlord reserves the right to reject this application at their sole discretion. I/we have read and understand these conditions.

\_\_\_\_\_  
Applicant Signature                      Date              Co-Applicant Signature                      Date

\_\_\_\_\_  
Guarantor Signature (if required) Please print name                      Date

Please complete and fax this form to 807-274-1661 or mail to:  
Wahkaihanun Futures Housing Services  
P.O. Box 393  
Fort Frances, ON P9A 3M7

If you require further information, or assistance with this application, please call 807-274-8530.

