

Congress of Black Women (Miss) N.P.H.I. Rental Application

Address: _____	Apt # _____	City & Prov. _____	Postal Code _____
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Tenant 1:

Surname _____	First Name _____	Middle Name _____
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Social Insurance Number _____-_____-_____	Sex F / M	Date of Birth Yr. Mo. Day
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Marital Status: <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated	Resident Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Other, specify: _____
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Phone Numbers:
 Home: () _____ Bus: () _____ ext. _____

Tenant 2:

Surname _____	First Name _____	Middle Name _____
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Social Insurance Number _____-_____-_____	Sex F / M	Date of Birth Yr. Mo. Day
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Marital Status: <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law	Resident Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Convention Refugee <input type="checkbox"/> Other, specify: _____
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Phone Numbers:
 Home: () _____ Bus: () _____ ext. _____

Other Household Members: (Include all those who live with you.)

1. Family Name _____	Given Name _____	Sex F / M	Date of Birth
SIN# _____	Relationship to Applicant _____	Student Yes/No; Full-Time/Part-Time	Working Y / N; F.T. / P.T.
_____	_____	_____	_____
2. Family Name _____	Given Name _____	Sex F / M	Date of Birth
SIN# _____	Relationship to Applicant _____	Student Yes/No; Full-Time/Part-Time	Working Y / N; F.T. / P.T.
_____	_____	_____	_____

Emergency Contact: Who can we contact in case of emergency?

Name: _____ Relationship: _____

Address: _____ Phone: () _____

Declaration & Consent:

I/We make the following representations and warranties knowing that they will be relied on by the Landlord to assess my qualifications for housing:

1. I the information given in this form is accurate and complete.

I give my consent and authorization to the Landlord, _____, to make any inquires that they deem necessary to verify the information given in this form and I authorize any person, corporation or social agency having knowledge of any such required information to release that information to FCCP Non-Profit Housing Corp. or its agent.

Date: _____ Tenant 1's Signature: _____

Witness: _____ Tenant 2's Signature: _____