



MADAWAN MANAGEMENT & DEV INC.

396 MacLaren Street, Ottawa Ontario, K2P 0M8

Tel: (613)232-0016 Fax: (613)232-1977

Do you identify yourself as one of the following:

First Nations: Yes; ___ No; ___

Inuit Yes: ___ No: ___

Metis Yes ___ No: ___

PERSONAL INFORMATION

Applicant (Last Name) First Name (s) Initial Date of Birth (dd/mm/yy) Social Insurance NO:

/ / / /

Co Applicant:

Last Name First Name (s) Initial Date of Birth (dd/mm/yy) Social Insurance NO:

/ / / /

Address: City: Postal Code: Phone:

()

EMPLOYMENT HISTORY

APPLICANT:

Employer: Annual Income:

Position: Starting Date:

CO-APPLICANT:

Employer: Annual Income:

Position: Starting Date:

OTHER SOURCES OF INCOME

- [] SOCIAL ASSISTANCE [] WORKER'S COMPENSATION [] EDUCATION/ TRAINING
[] OLD AGE SECURITY [] CANADA PENSION PLAN [] EMPLOYMENT INSURANCE
[] CHILD SUPPORT [] DISABILITY PENSION [] OTHER: _____

TOTAL MONTHLY INCOME: _____

DEPENDANTS

Table with 4 columns: NAME, RELATIONSHIP TO APPLICANT, SEX, DATE OF BIRTH(dd/mm/yy)

OVERCROWDING

Number of family members: 1 2 3 4 5 6 7 8 9 10 Other: _____ Number of bedrooms available to family: _____

NO. of bedrooms required: _____ Additional Comments: _____

PRESENT ACCOMMODATION

<input type="checkbox"/> Renting	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Heat	Monthly Expenses: \$
<input type="checkbox"/> Family/friends	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hydro	_____
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Room	<input type="checkbox"/> Full Rent	_____
Other: _____	Other: _____	<input type="checkbox"/> Shared Rent	_____

Name of Landlord: _____ Telephone NO: () _____

How much notice must you give before moving out? _____ How long at present address? _____

If less than 2 years, list previous addresses:

Address: _____	City: _____	Prov: _____	From: _____	To: _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous landlord's name: _____ Telephone NO: () _____

CRITICAL HOUSING REQUIREMENTS

Is the present Landlord related or family? YES NO

Have you ever received a Writ of Possession or Notice of Termination YES NO

If yes, please give reason: _____

Are you in temporary emergency housing? YES NO

If yes, please give reason: _____

Name of Facility: _____ Date of Admission: _____

Is the present accommodation in a state of disrepair resulting in hazard? YES NO

If yes, describe hazard: _____

Health conditions aggravated by current accommodations? YES NO

If yes, has medical letter been attached? YES NO

Describe medical condition: _____

Does present accommodation have:

Inadequate light/ventilation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inadequate heating?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inadequate kitchen facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inadequate bathroom facilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inadequate recreational space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other inadequacies? Explain: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Do you own a vehicle? YES NO

If yes, Make: _____ Model: _____ Year: _____

Do you require:

Parking space?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wheelchair?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit Adaptation? (ie., bathtub handles, railings, etc.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Unit Accessibility ? (ie., no stairs)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

TENANT INSURANCE

Madawan Management requires tenant insurance for Madawan Place at 1043 Cummings Avenue.

Do you currently have tenant insurance? [] YES [] NO
If so, please provide copy of policy with application
Have you ever applied for tenant insurance? [] YES [] NO

ADDITIONAL INFORMATION

NEXT OF KIN

Last Name: _____ First Name: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Relationship to Applicant: _____ Phone No.: _____

DECLARATION

I declare that the information provided on this form is correct and hereby authorize Madawan Management & Dev Inc. to verify any or all of the information. I understand that the completion of this application in no way guarantees that the applicants listed will be approved for occupancy.

Signature of Applicant: _____ Date: _____

Return this application to the Tenant Relations Officer – Madawan Management & Dev Inc.
Madawan Management & Dev Inc is a member of the Rent Check Credit Bureau Ltd.
All information collected with this application form will be solely used for housing purposes only.
