Ajax Municipal Housing Corporation
1 Richards Lane, Ajax, Ontario L1T 3M3
Phone (905)683-9269 Fax (905)683-7324
Email: amhc@amhchousing.ca

APPLICATION FOR HOUSING (MARKET RENT)

1. Applicant

Last Name	First Name	Date of Birth D M Y	Sex M F	Social Insurance No.

Street Number	Street Address	Apartment No.

Town/Municipality	Postal Code	Home Telephone No.

Person to contact in your absence or to act as interpreter	Name	Telephone No.	Relationship to applicant (circle one) Friend Interpreter Relative Other

Email Address

2. Present Employment of Applicant (Also complete if self-employed)

Present Employer's Name	Telephone No.

Address Where Employed	Municipality	Length of Employment with present employer _____ year(s) _____ month(s)

Occupation	Name of Department	Telephone No.	Extension	Are you allowed to take personal calls? Yes No

3. Co-Applicant

Last Name	First Name	Date of Birth D M Y	Sex M F	Social Insurance No.

Street Number	Street Address	Apartment No.

Town/Municipality	Postal Code	Home Telephone No.

Relationship to Applicant	Email Address

4. Present Employment of Co-Applicant (Also complete if self-employed)

Present Employer's Name	Telephone No.

Address Where Employed	Municipality	Length of Employment with present employer _____ year(s) _____ month(s)

Occupation	Name of Department	Telephone No.	Extension	Are you allowed to take personal calls? Yes No

5. Present Accommodation of Applicant(s)

Present Landlord's Name	Address	Telephone No.

How long have you lived at present address?

_____ year(s) _____ month(s)

6. Previous Landlord and Residential History

Previous Landlord's Name	Address	Telephone No.

Previous Address	From	To	Reason for Leaving

7. Income (please list for all applicants)

Source of Income	Gross Monthly Income (Before Deductions)		
	Applicant	Co-Applicant	Other Family Members
Employment (From All Employers)	$	$	$
Social Assistance (Ontario Works or ODSP)	$	$	$
Old Age Security/Canada Pension/Monthly Pensions	$	$	$
Alimony / Support	$	$	$
Employment Insurance (E.I.)	$	$	$
Other (Please Specify)	$	$	$

8. Banking Information

Bank Name	Branch Address	Account Number
1.		
2.		

9. Other Persons/Family Members to Reside in Accommodation applied for:

Last Name	First Name	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)

Next of Kin / Sponsor Name	Address	Telephone No.	Relationship
1.			
2.			

Declaration

I hereby make the following Representations and Warranties knowing that they will be relied upon by Ajax Municipal Housing Corporation (AMHC) to assess my qualifications for rental accommodations. The information given in the form is accurate and complete. 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 AMHC.

I give my consent and authorization to AMHC 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 AMHC. This includes credit and reference checks. I also agree to provide further material that AMHC may require.

Witness	Applicant	Date
Witness	Applicant	Date