902.843.1290
housingadmintruro@ncns.ca
PO Box 1320 Truro, NS. B2N 5N2

Wenjikwom Housing Commission Society

Rental Application Form

Please fully complete all of the applicable sections of this form and return to:
Wenjikwom Housing Commission Society

Applicant Name: _____ Birth date: Y____/ M____/ D/____ SIN# ____-____-____

Co-Applicant(spouse) Name: _____ Birth date: Y____/ M____/ D/____ SIN# ____-____-____

Current Mailing Address: _____ County: _____ Postal Code: _____

Current Property (civic) Address: _____ County: _____ Postal Code: _____

Home Phone Number:_____ Work Phone Number:_____ Cell Phone Number:_____

Other Contact Number/Email: _____ Name of Contact: _____

Can you or your spouse, or any dependent member of your household verify Indigenous ancestry? Yes_____ No_____

(***Please Note:*** **This is a requirement and all documents provided by applicant are subject to verification)**

Other Household Members Information:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Total Monthly Household Income: $_____

Do you own a pet?: Yes_____ No_____ Details:_____

(***Note:*** **All documents provided by applicant are subject to verification)**

Present Living Conditions:

A. I presently live in a: _____ House _____ Apartment _____ Other

B. My present home has: _____ Bedrooms

C. My rent is presently: $_____ /Month

D. Is heat extra? _____ If yes, how much per month? $_____

E. Is electricty extra?_____ If yes, how much per month? $_____

F. Do you have a notice to vacate? _____ If yes, why? _____

_____

Employment/Income Information: Please provide any proof of employment/income (T4's, Paystubs, Income Statement, etc.)

Applicant's Employer/Contact:			
Occupation:			
How Long (Years)?	Start Date:	Finish Date:	
Please circle one of the following:	Full-Time	Part-Time	Seasonal
Employer Address:			
Phone:	Email:	Fax:	
City:	Province:	Postal Code:	
Co-Applicant's Employer/Contact:			
Occupation:			
How Long? (Years)	Start Date:	Finish Date:	
Please circle one of the following:	Full-Time	Part-Time	Seasonal
Employer Address:			
Phone:	Email:	Fax:	
City:	Province:	Postal Code:	

Current and Previous Landlord References:
(Please note: All references will be contacted by the WHC)

1.

Landlords Name:	How Long? (Years) From_____to_____	Monthly Payment $
Address:		
Phone:	Email:	Other Phone:
City:	Province:	Postal Code:

2.

Landlords Name:	How Long? (Years) From_____to_____	Monthly Payment $
Address:		
Phone:	Email:	Other Phone:
City:	Province:	Postal Code:

Declarations:

I hereby certify that the information provided on this application is accurate and correct to the best of my knowledge.

I/We hereby grant permission to the WENJIKWOM HOUSING COMMISSION SOCIETY to carry out any necessary inquiries for the purpose of determining my/our income, assets, liabilities and credit information. If I am selected for tenancy, I pledge to uphold the Wenjikwom Housing Commission Society's policies and the responsibility in keeping the property in good liveable condition and I will be held responsible for any damage done to the property. I understand that I will sign Wenjikwom Housing Commission Society's lease before I move into a unit. I understand that I will supply upon request, income verification information for each member of the household who receives an income. I understand that I must pay a security deposit of one half month's rent to Wenjikwom Housing Commission Society before I move into a unit.

Applicants Signature:_____ **Date:**_____

Co-Applicants Signature:_____ **Date:**_____