



# BROOKS co-OPERATIVE HOMES INC.

2145 Sheridan Park Dr., Ste. 6, Mississauga, Ont. L5K 1C6  
Tel: (905) 823-4777 Fax: (905) 823-8035

## RENT SUPPLEMENT APPLICATION FORM

Last Name \_\_\_\_\_ First Name & Initial \_\_\_\_\_

Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Name & No. City Province Postal code

Phone # \_\_\_\_\_ Person to contact in your absence \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Are you? Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Are you? Canadian Citizen \_\_\_  
Landed Immigrant \_\_\_

Last Name of Co-APPLICANT \_\_\_\_\_

First Name & Initial of Co-Applicant \_\_\_\_\_

Phone # \_\_\_\_\_ Person to contact in your absence \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Are you? Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Are you? Canadian Citizen \_\_\_  
Landed Immigrant \_\_\_

Please list ALL persons residing in your unit (INCLUDING the names of the APPLICANT and Co-APPLICANT above).

Last Name (please print)	Given Names (please print)	Date of Birth Month/Day/Year	Relationship to Applicant (e.g. spouse/son/daughter)

**RENT SUPPLEMENT APPLICATION FORM**

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Name of Applicant's Present Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Employment Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Street Name & No. City Province Postal Code

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_ years \_\_\_\_\_ months

Employment (please circle) Full Time Only Part Time Only Full Time and Part Time (2 jobs)

Name of Co-Applicant's Present Employer \_\_\_\_\_ Business Phone # \_\_\_\_\_

Employment Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Street Name & No. City Province Postal Code

Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_ years \_\_\_\_\_ months

Employment (please circle) Full Time Only Part Time Only Full Time and Part Time (2 jobs)

**Gross Monthly Income (excluding deductions) of ALL persons in your unit (including Applicant and Co-applicant above).**

	<b>Total Gross Monthly Income from all sources (include income from Full Time and Part Time Employment)</b>	<b>Ontario Works—formerly General Welfare Assistance (singles or couples with no beneficiaries)</b>	<b>Ontario Works—formerly Family Benefits Assistance (singles with one or more beneficiaries)</b>	<b>Pensions Income—Old Age Security and/or Canada Pension Plan</b>
<b>Gross Monthly Income of "APPLICANT"</b>				
<b>Gross Monthly Income of "Co-APPLICANT"</b>				

<b>Gross Monthly Income “Dependent Children” (not attending school)</b>				
<b>Gross Monthly Income of your registered “Long-Term Guest(s)”</b>				
<b>Total Monthly Income</b>				

**PROVINCIAL BENEFITS (complete only if you are in receipt of Ontario Works (GWA/Family/Disability) Benefits)**

Name of Worker \_\_\_\_\_ Phone # \_\_\_\_\_

Office Address \_\_\_\_\_

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**ASSETS (Please indicate the dollar value of any non-income producing assets that you currently possess as listed below)**

Chequing Account(s): \$ \_\_\_\_\_ Savings Account(s): \$ \_\_\_\_\_

GIC's: \$ \_\_\_\_\_ RRSP's: \$ \_\_\_\_\_

T-Bills: \$ \_\_\_\_\_ Other Assets: \$ \_\_\_\_\_