



COUNTY OF DUFFERIN
Housing Services

HOMEOWNERSHIP APPLICATION

TO BE COMPLETED BY HOME PURCHASER (S)			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.			
Last Name		First Name	(MM/DD/YYYY) Date of Birth
Your status in Canada (attach proof to the application): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.			
Last Name		First Name	(MM/DD/YYYY) Date of Birth
Your status in Canada (attach proof to the application): <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Refugee Claimant			
Address – Street Number and Street Name		Unit/Apt No.	City
Postal Code			
() -	() -	Email:	
Home Phone	Business Phone	Cell Phone	
Please provide an alternate contact name and daytime phone number where we can leave a message if we need to reach you. Name: _____ Daytime Phone: _____ Relationship: _____			
Are you currently on the Dufferin County waiting list for community housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you currently own a home or have a legal interest in a property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Are you currently in rental accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your total yearly gross household income? (This is the amount prior to any deductions.) \$ _____ A household includes i) the individual, ii) any person with whom the individual is living in a spousal relationship (including same-sex spousal relationships), and iii) any person over the age of 17, expected to be normally present with the individual at the time of first occupancy of the home.		If yes, please provide the following information for your current Landlord. Landlord's Name: _____ Address: Street Name & Number: _____ City/Town: _____ Postal Code: _____ Phone/Contact No.: _____	
What are your household's total assets? \$ _____ To include bank accounts, investments, and properties.			
Name of Present Employer			How Many Years with Present Employer
Have you ever lived in rent-geared-to-income housing anywhere in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details below. Use extra paper if necessary.			
Name of Landlord: _____			
Former rental address: _____			
City: _____		Postal Code: _____ Arrears Owing: \$ _____	
Move in date: _____		Move out date: _____	

