

## Expression of Interest in Home Ownership

Please complete all sections of this application. Your information will be kept confidential.

SECTION 1: FAMILY INFORMATION			
Name of Applicant:		Name of Co-applicant:	
Address	Unit/Apt	City/Town	Postal Code
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Email:		Email:	
Home Phone:		Number of years at Current Address:	
Number of years in Simcoe County:		Number of years in South Georgian Bay:	
Name of Members Living at Home	D.O.B. / Gender	Relationship to Applicant(s)	

SECTION 2: EMPLOYMENT	
Applicant's Job/Occupation:	Co-applicant's Job/Occupation:
Name of Employer:	Name of Employer:
Number of years working here:	Number of years working here:
Employer's Phone:	Employer's Phone:

SECTION 3: CURRENT ACCOMMODATION
Do you live in inadequate or overcrowded living conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No (May include parents sharing a room with a child, a parent without a bedroom, more than 2 children per room or insufficient rooms for male and female children)
Do you live in unsafe or unhealthy conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many bedrooms (only) do you have now? (please circle) <b>1</b> <b>2</b> <b>3</b> <b>4</b> <b>5</b>
Please check other rooms that you have in your home: <input type="checkbox"/> Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Basement <input type="checkbox"/> Others (please describe below)
Please describe condition of home (e.g. mold, leaks, broken windows, high utilities, etc.):
How is current home not meeting your family's needs?

## Expression of Interest in Home Ownership

### SECTION 4: HOUSEHOLD INCOME

**State your total ANNUAL/YEARLY HOUSEHOLD INCOME (GROSS INCOME – before taxes) FROM ALL SOURCES.**

Please Note: payments from Ontario Works cannot be included as income.

	Applicant	Co-applicant	Other Adults 18+
Income from Employment			
Employment Insurance (EI)			
Child Support			
Spousal Support			
Child Tax Benefits / UCCB			
Ontario Disability Support Program (ODSP)			
CPP or other Pension Income			
HST Rebate			
Other Income			

### SECTION 5: MONTHLY EXPENSES

Rental Costs (Monthly rent expense):

Housing Expenses: Heat \$\_\_\_\_\_ Water \$\_\_\_\_\_ Hydro \$\_\_\_\_\_ Content Insurance \$\_\_\_\_\_ Other: \_\_\_\_\_

### SECTION 6: DEBT & ASSETS

	Applicant	Co-applicant	Other Adults 18+
Credit Card(s): unpaid balance			
Loan(s): type and amount owing			
If you have declared bankruptcy and your discharge was within the past 3 years, please check here <input type="checkbox"/>			
List all Assets (property, vehicles, savings)			

I certify that I have answered all the questions truthfully and to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

**Please return this form to:**  
*Please mark*  
*"Application – Confidential"*  
*on the outside of the envelope.*

Habitat for Humanity South Georgian Bay  
155 Sandford Fleming Drive  
Collingwood, ON L9Y 5A6  
Fax: 705-446-3210

Questions? Contact us at 705-446-9542 ext. 21 or [joy@habitatgeorgianbay.ca](mailto:joy@habitatgeorgianbay.ca)