



APPLICATION FOR FAMILY HOUSING

INSTRUCTION FOR COMPLETING APPLICATION

All questions must be fully answered. If a section does not apply to your situation, Mark N/A in that section. An incomplete application will not be processed.

_____ Disabled

_____ Indian Ancestry

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

PROVINCE: _____

BIRTHDATE: _____

PHONE: (BUS) _____ (RES) _____

D/M/Y

EMPLOYED: Yes _____, No _____

Name & address of Present Employer:

Name & address of Previous Employer:

FAMILY INFORMATION: Please list below ALL PERSON(S) who will be living with you.

Name	Birthdate	Sex	Relationship

PRESENT LIVING CONDITIONS:

I / We presently _____ rent _____ own other accommodations.

Number of bedrooms _____

Furnished _____ Unfurnished _____

Number of people living in this accommodation:

_____ Adults (18 an over)

_____ Children (under 18)

REQUIRED FIELD

Applicant must provide three (3) references

Name, Address and telephone Number of Present Landlord

Date tenancy started _____ 20 _____.

Name, Address and Telephone Number of Previous Landlord

Date tenancy started: _____ 20 _____.

Date Vacated: _____ 20 _____.

Name, Address and Telephone Number of Previous Landlord

Date Tenancy started: _____ 20 _____.

Date Vacated: _____ 20 _____.

Please explain your reasons for wanting to leave your present accommodations and write any information you feel will help assess your application. Feel free to attach a letter if required, all information provided will be held confidential.

ADDITIONAL INFORMATION:

Number of bedrooms required _____

Do you own your own appliances? _____

If yes what? _____

I hereby authorize the Housing Department to investigate any or all of the statements made herein, being fully aware that the discovery of any false statement will cancel further consideration of my application.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO VALIDATE THEIR HOUSING APPLICATION AFTER EACH HOUSING SELECTION, WHICH WILL BE HELD ON A YEARLY BASIS.

Dated at _____ this _____ day of _____, 2006

Applicant

Spouse

Witness