

GATEWAY HOUSING SOCIETY

APPLICATION FOR SENIORS HOUSING

Family Name Given Name Birthdate(D/M/Y) Sex Phone

Applicant _____ _/_/_ M/F ____-____

Co-Applicant _____ _/_/_ M/F ____-____

Address _____ How Long _____ yrs

Estimated income last year: Applicant \$ Co-Applicant \$

Occupants with Disabilities: Y/N Type: Mobility Visual Hearing
Other: _____

PRESENT ACCOMODATION: OWN _____ RENT _____

Type of dwelling: Single Row Apt Cabin Trailer Hotel Other _____

Monthly Costs to Maintain Current Residence: _____

Why do you wish to leave current residence

REFERENCES

Name (First/Last)

Phone Number

CURRENT LANDLORD: _____

Landlord cont'd

Address _____ **Length of stay** _____

PERSONAL REFERENCES:

Name: _____

Phone Number: _____

Other Important or Pertinent Information Regarding this Application:

I understand that this application does not constitute an agreement on the part of Gateway Housing Society, or its agent to provide me with a home.

I further acknowledge the right of Gateway Housing Society at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application hereby made or give. I hereby authorize you to make enquires you deem necessary to verify the facts contained herein.

I understand that this a NON Smoking building, and that there are NO Pets allowed. The Tenant is responsible for obtaining Contents

Insurance for their personal effects, and that Gateway will NOT be Liable for any loss or damage of personal contents.

Dated at _____ this _____ day of _____, 20____

Witness _____ Applicant _____

Witness _____ Co Applicant _____

*******A copy of your Tax Assessment from the previous calendar year must be submitted with this application.*******

