

| Employment Information | | | |
|-----------------------------------------------------------------------------------|--|------------------|--|
| Current employer: | | Position: | |
| Address: | | Annually salary: | |
| Supervisor's name: | | Phone: | |
| Less than 3 years at this employer? Please complete the past employer information | | | |
| Past employer: | | Position: | |
| Address: | | Annually salary: | |
| Supervisor's name: | | Phone: | |

| Banking Information | | | |
|------------------------|--|--------|--|
| Banking institution #1 | | Phone: | |
| Address: | | | |
| Banking institution #2 | | Phone: | |
| Address: | | | |

| References: (please provide either business or personal references.) | | | |
|----------------------------------------------------------------------|--|--------|--|
| Name: | | Phone: | |
| Name: | | Phone: | |

| | | | | |
|----------------------------------------------------------------------------------------------------|--|-------------|-----------------------------|------------------------------|
| Have you previously been a tenant of Westwinds Communities or have received a rental subsidy? | | | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| If yes, provide details (i.e.: name on lease, date of lease, property address, reason for leaving) | | Money Owing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

| | | |
|---------------------------------------------|-----------------------------|------------------------------|
| Do you or any of your family members smoke? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you have a pet(s)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Do you require a barrier free unit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

| Emergency and Other Contracts – may include relatives, next of kin, friends who are not living with you. | | | | |
|----------------------------------------------------------------------------------------------------------|--|-----------|--|--------------|
| Name | | Telephone | | Relationship |
| Name | | Telephone | | Relationship |

| Please provide information on your last three landlords: | | | | | |
|----------------------------------------------------------|----------------------|--------------------|---------------|--------------------|--------------------|
| Full Rental Address | Date From (dd/mm/yy) | Date To (dd/mm/yy) | Landlord Name | Landlord Telephone | Reason for Leaving |
| | | | | | |
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| I / We | | , of the | |
| Of | | In the Province of Alberta, do solemnly declare as follows: | |
| <ol style="list-style-type: none"> 1. That I/We am/are the applicant(s) named in the said application; 2. I/We understand that this application does not constitute an agreement on the part of Westwinds Communities, or its agents, to provide me with accommodation or a rental subsidy; 3. I/We further agree that I/We am/are obligated to advise Westwinds Communities, or its agents, in writing, or any changes in family, employment or change of address, should they occur; and 4. Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give the Westwinds Communities my/our consent to make inquiries that are necessary to verify the information given in this application including conducting a credit check, employment check, landlord reference check and I/we authorize any person, corporation or business to release to the Westwinds Communities any information pertinent to the assessment of my/our application with the Westwinds Communities being fully aware that discovery of any false statements shall cancel any further consideration of my/our application. | | | |
| And I/We make this solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act". | | | |
| | | | |
| Signature of Applicant | Signature of Applicant | Signature of Applicant | Signature of Applicant |
| (All applicants over the age of 18 years must sign) | | | |