

DATE:

INSTRUCTIONS: Complete all questions, supplying all of the requested information as applicable to the household.

➤ **Please provide:**

- Most recent Revenue Canada Notice of Assessment Line 23600**
- 3 months of bank statements with all deposits identified; and**
- 3 copies of pay cheque stubs or if in a new job please provide letter of engagement on company letterhead.**

➤ **Photocopies of identification for all household members.**

- Adults – driver’s license, government identification, military identification, passports.**
- Children - passport or Alberta Health Care.**

Property preference (please check all preferences) Please note: the only Near Market property that allows pets is Okotoks-Drake Towns (unless it is a registered service animal)	Number bedrooms			
	One	Two	Three	Four
High River - Coal Trail Residences, 309 – 11 Avenue NW (apartment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Okotoks (single family homes, townhouses, condos)	n/a	n/a	<input type="checkbox"/>	<input type="checkbox"/>
Okotoks – Drakes Towns (pet friendly)	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Diamond Valley (duplexes, single family home)	n/a	<input type="checkbox"/>	<input type="checkbox"/>	n/a

	Full Name			Social Insurance Number	
Applicant:					
Co-Applicant's:					
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Roommates	
Street Address:	(Municipal Address-Unit Number, Street, Avenue, Town)			Postal Code	
Mailing Address:				(Mailing Address if different from above)	
Home Telephone:			Cellular Telephone:		
Business Telephone:			Email Address:		

List all persons, including yourself, who will be living with you should your application be approved:

Last Name	First Name	Relationship to Applicant	Birth Date Day / Mon/ Yr.	Occupancy	
		<i>Applicant</i>		<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
				<input type="checkbox"/> Full time	<input type="checkbox"/> Part time

Employment Information			
Current employer:		Position:	
Address:		Annual salary:	
Supervisor's name:		Phone:	
Less than 3 years at this employer? Please complete the past employer information			
Past employer:		Position:	
Address:		Annual 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 household smoke?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you have a pet(s)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
My animal is a service animal. If yes, please provide documentation.	<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 Contacts – may include relatives, next of kin, friends who are not living with you.					
Name		Telephone & Email		Relationship	
Name		Telephone & Email		Relationship	
Support Worker Name		Telephone & Email		Agency Name	
Do you consent to Westwinds Communities contacting your listed support worker on your behalf?				<input type="checkbox"/> No	<input type="checkbox"/> Yes
CONSENT TO RECEIVE EMAILS AND NOTIFICATIONS Do you consent to communicating via email with Westwinds Communities regarding your application and supporting documents? All correspondence via email and any personal information provided will be kept strictly confidential.				<input type="checkbox"/> No	<input type="checkbox"/> Yes

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

<p>Total Value of Assets: Included investments, savings, tax free savings accounts, registered retirement savings plan, registered education savings plan, recreational vehicles. (Does not include household items or self-employment equipment).</p>	\$
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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.			
Signature of Applicant	Signature of Applicant	Signature of Applicant	
(All applicants over the age of 18 years must sign)			