



APPLICATION FOR SUBSIDIZED HOUSING
PERSONAL INFORMATION FORM

LAST NAME:
FIRST NAME:
TELEPHONE:

STREET:
CITY:
POSTAL:

THIS IS: [ ] MY INITIAL APPLICATION [ ] AN UPDATE TO MY FILE I'M APPLYING FOR: [ ] PORTABLE SUBSIDY [ ] BONAVENTURE APT

YOUR MONTHLY INCOME BEFORE TAXES: PLEASE ATTACH A RECENT PAY STUB COPY.
SOURCES: [ ] MHR [ ] CPP [ ] LTD [ ] WORK/EI

YOUR CURRENT RENT: PLEASE ATTACH A COPY OF YOUR LEASE AGREEMENT AND A COPY OF LAST RENT RECEIPT.

YOUR CURRENT ACCOMODATION: [ ] APARTMENT [ ] ROOM [ ] OTHER

HOW MANY BEDROOMS ARE THERE: HOW MANY PEOPLE LIVE HERE:

DO YOU SHARE ANY OF THE FOLLOWING? IF SO, WITH WHOM? [ ] BEDROOM
[ ] BATHROOM
[ ] KITCHEN

IS YOUR PRESENT ACCOMMODATION SUITABLE FOR YOU AND DOES IT MEET YOUR NEEDS?

Four horizontal lines for text input.

FEEL FREE TO TELL US ANYTHING ELSE YOU FEEL IMPORTANT TO YOUR APPLICATION.

Four horizontal lines for text input.

PLEASE ATTACH COMPLETED MEDICAL INFORMATION FORM ALONG WITH COPIES OF YOUR CURRENT TENANCY AGREEMENT, YOUR LAST RENT RECEIPT AND YOUR LAST INCOME STUB. YOUR APPLICATION IS NOT COMPLETE WITHOUT THESE PAPERS.

REMEMBER TO UPDATE YOUR FILE YEARLY OR WHEN MAJOR CHANGES OCCUR.

SIGNATURE: DATE: