

**FOR OFFICE USE ONLY**

Date application received	Application No.
Tenant Selection Committee Recommendation	
Board decision	Date
Credit check	Date unit allocated

**Application**

**SUNRISE SENIORS PLACE** was formed to provide housing at cost to its tenants. **SUNRISE SENIORS PLACE** will not provide nursing home facilities, but will provide support services as required.

List special needs that affect your housing:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

Please check ( ) unit size required:

- \_\_\_\_\_ 1 Bedroom apartment
- \_\_\_\_\_ 2 Bedroom apartment
- \_\_\_\_\_ 1 Bedroom Handicap. apt.

Desired occupancy date: \_\_\_\_\_ Please indicate reason for wanting to move: \_\_\_\_\_

List all vehicles for which parking will be required:  
 Type: \_\_\_\_\_ Make: \_\_\_\_\_ License No. \_\_\_\_\_

- **CATS and DOGS** (Birds and Fish allowed)
- Only the people named in this application form are permitted to live in the unit.
- All information on this application will be kept confidential.

**Applicant and Co-Applicant**

Full name(s) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Unit no. \_\_\_\_\_ No. & Name of street \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_ Social insurance no. \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Business: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current type of Tenure: Own \_\_\_\_\_ Rent \_\_\_\_\_ Share \_\_\_\_\_  
 Length of stay at previous address: \_\_\_\_\_  
 Current rent: \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_  
 Previous address (if at above less than 3 yrs.) \_\_\_\_\_  
 If less than one year, reason for moving: \_\_\_\_\_  
 Name of reference (other than relative): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank or Financial institution: \_\_\_\_\_  
 Account No. \_\_\_\_\_ Chequing: \_\_\_\_\_ Savings: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate ( ) Total Annual Household Income:  
 Under \$10,000 \_\_\_\_\_ \$10,000 to \$21,000 \_\_\_\_\_  
 \$21,000 to \$27,000 \_\_\_\_\_ over \$27,000 \_\_\_\_\_

Please list other members of household:

Surname	Given Name	Birth Date	Name & Phone # of Employer or Income Source
_____	_____	_____	_____
_____	_____	_____	_____

I declare the above information is correct. I agree that this information may be used for a credit check.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_