

River Bank Development Corporation

1350 15th Avenue West

Phone: 763-7459

Preferred Move date: ___/___/___
D M Y

1. APPLICANT (S)

Applicant:

Co – Applicant:

(Last name) (First) (Initial)

(Last name) (First) (Initial)

Date of Birth: ___/___/___
Day Month Year

Date of Birth: ___/___/___
Day Month Year

Present Address: _____

Present Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Telephone: (H) _____ (B) _____

Telephone: (H) _____ (B) _____

Marital Status: _____ Gender: _____

Marital Status: _____ Gender: _____

2. FINANCIAL INFORMATION:

Wages (Monthly) _____

Wages (Monthly) _____

Social Services _____

Social Services _____

Training Allowance (PTA) _____

Training Allowance (PTA) _____

Employment Insurance _____

Employment Insurance _____

Child Support _____

Child Support _____

Employment / Rental Supplement _____

Employment / Rental Supplement _____

Child Tax / Universal Child Care _____

Child Tax / Universal Child Care _____

3. Present Living Accommodations:

Number of bedrooms in current accommodations: _____ Number of bedrooms required: _____

Do you Rent or Own? Other: Please explain _____

Shelter Costs: Rent \$ _____

Gas \$ _____

Power \$ _____

Water \$ _____

Total \$ _____

Please explain your reasons for wanting to leave your present accommodations: _____

Do you share your current accommodations: YES / NO Do you require parking? YES / NO Number of Vehicles _____

How do you rate your current accommodations?

Adequate _____ Needs Repair _____ Needs Major Repair _____

Please Describe: _____

Name of Present Landlord: _____ Name of Previous Landlord: _____
 Address: _____ Address: _____
 City: _____ Province: _____ City: _____ Province: _____
 Telephone: _____ Telephone: _____
 Rented from: _____ Rented to: _____ Rented from: _____ Rented to: _____

4. NAMES OF OTHERS LIVING WITH YOU

Name		Relationship to Applicant	Marital Status	Gender	Birth Date D/M/Y	Occupation
Surname	First					

5. NEXT OF KIN (to be notified in case of emergency or illness)

Name: _____ Relationship: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Telephone: (H) _____ Telephone: (B) _____

6. EMPLOYERS

Applicant	Co-applicant
Present Employer: _____	Present Employer: _____
Address: _____	Address: _____
City/ Province: _____ Postal Code _____	City/ Province: _____ Postal Code _____
From: _____ To: _____	From: _____ To: _____
Telephone: _____	Telephone: _____
Previous Employer: _____	Previous Employer: _____
Address: _____	Address: _____
City/ Province: _____ Postal Code _____	City/ Province: _____ Postal Code _____
From: _____ To: _____	From: _____ To: _____
Telephone: _____	Telephone: _____

I herby acknowledge that the information contained in this application is correct.

Dated at _____ this _____ of _____ 20____
 (Community) (Day) (Month) (Year)

Signature of Applicant: _____ Signature of Co-Applicant: _____

NO PETS ALLOWED