



Dear applicant:

Application:

Please find attached a housing application for Gabriel Housing Corporation. Along with your application, we require written references from your current and previous landlord (s), and copies of your most recent source of income, such as the following:

- Employment pay stub
- Employment insurance
- Pension cheque stubs
- Social assistance

If for any reason you are unable to submit these required documents, please present them to our office as soon as possible; as this will help to process your application sooner.

Please Remember:

Please note your application is held on file for only 6 months. It is your responsibility to reapply every six months and to also provide and update your application if any changes to your application is required.

Contact:

If you have any questions or if your circumstances change, please contact Gabriel Housing Corporation office 306-775-2905

Thank you.

Gabriel Housing Corporation



HOUSING APPLICATION
GABRIEL HOUSING CORPORATION
 506 Lorne Street Regina, Saskatchewan S4R 2J7
 Phone: (306) 775-2905 Fax: (306) 949-4446 E-mail: gabrielhsg@saskel.net

ALL INFORMATION MUST BE COMPLETED **IN FULL** AND IF APPLICABLE, VERIFICATION OF INCOME ATTACHED **PRIOR TO YOUR APPLICATION BEING PROCESSED.**

1. APPLICANT DATA

SURNAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

PHONE (RES.) _____ (BUS.) _____ (CELL) _____

Please check one: Métis First Nations Inuit Other

Please check one: Family Housing Senior Housing

MARITAL STATUS: Married Single Common-Law Separated

SEX: M F BIRTH DATE: ___/___/___

(Day) (Month) (Year)

CLOSEST RELATIVE _____ PHONE # _____

Are you or is anyone in your household related to anyone working at Gabriel Housing Corporation? Yes No

2. HOUSEHOLD DATA (Please supply details of all other persons who will be living with you)

Name	Relationship To You	Birthdates D/M/Y	Sex	Occupation	Work Phone Number

3. INCOME:

List below ALL INCOME during the past 12 months beginning with the most recent. Show ALL EARNINGS including overtime, tips, bonuses, E.I., CPP, OAS, Workers Compensation, Social Assistance, Student Loans/Grant, etc.

HEAD OF HOUSEHOLD

Income Source	Dates	Gross Monthly Income	Total Income Past 12 Months
	From: _____ To: _____	\$ _____	\$ _____
	From: _____ To: _____	\$ _____	\$ _____

CO-HABITANT

Income Source	Dates	Gross Monthly Income	Total Income Past 12 Months
	From: _____ To: _____	\$ _____	\$ _____
	From: _____ To: _____	\$ _____	\$ _____

Number of bedrooms required _____

Preferred Location _____

Do you and/or your spouse own any property? Yes No

Landlords (if applicable)

Current Address: _____	How Long: _____
Landlords Name: _____	Phone Number: _____
Previous Address: _____	How Long: _____
Landlords Name: _____	Phone Number: _____

Present Accommodation:

I/We: Own Rent

Present Accommodations. : house apartment other _____

Number of bedrooms in present accommodation: _____ Rent/Mortgage payment is \$ _____ /month.

Monthly rent includes: Energy Water Power

Cost of Utilities: Energy \$ _____ Water \$ _____ Power \$ _____

Do you have equipment to maintain a yard? Yes No

If no, would you be able to obtain it? Yes No

Do you own a pet? Yes No Would you be willing to give it up? Yes No

Have you ever lived in public housing? Yes No If yes, where? _____

How did you hear about us? Newspaper Word of Mouth Other: _____

Give us further details or reasons for wishing to leave your present accommodation which might help the consideration of your application. _____

I/We declare the information provided in this application to be complete and correct in all aspects.

I/We understand that this application does not constitute an undertaking of the part of Gabriel Housing Corporation ("Landlord") or its agent to provide rental accommodation.

I/We further acknowledge the right of the Landlord at any time prior to the execution and delivery of a lease for rental accommodation by the undersigned to withdraw, revoke, or cancel any acceptance or approval of this application made or given without penalty or liability for damages or otherwise.

I/We hereby authorize the Landlord to investigate any or all of the statements obtained herein being fully aware that if any information contained herein shall be determined to be false, this application shall be deemed null and void..

I/We agree and consent that credit inquiries and/or rental references may be made and credit report and /or rental references obtained and/or prepared at anytime in connection with the hereby applied for.

THIS APPLICATION IS VALID FOR SIX MONTHS FROM THE DATE OF THE APPLICATION.

It is the applicant's responsibility to provide us with any changes that may affect their application.

Date this _____ day of _____, 20____.

Applicant

Co-habitant