



Head Office - 1001 - 17 Street NW
Calgary, Alberta T2N 2E5

LIONS VILLAGE
2528 Bowness Road NW,
Calgary, AB T2N 3L9
Phone: 403-283-3836 Fax:
587-353-8016



APPLICATION FOR HOUSING SENIORS (60+) 1 BR 2 BR **NO PET POLICY**

DATE: _____

Barrier-free requested

PLEASE PRINT CLEARLY

APPLICANT				CO-APPLICANT			
NAME				NAME			
LAST		FIRST		LAST		FIRST	
PHONE #	RES.:	CELL:	BUS.:	PHONE #	RES.:	CELL:	BUS.:
DATE OF BIRTH (yyyy/mm/dd)				DATE OF BIRTH (yyyy/mm/dd)			
SOCIAL INSURANCE NUMBER (Optional-used for credit check)		ARE YOU A SMOKER? YES <input type="checkbox"/> NO <input type="checkbox"/>		SOCIAL INSURANCE NUMBER (Optional-used for credit check)		ARE YOU A SMOKER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PRESENT ADDRESS				PRESENT ADDRESS			
STREET				STREET			
CITY/PROV		POSTAL CODE		CITY/PROV		POSTAL CODE	
RENT \$	OWN \$	BOARD \$	BOARD \$	RENT \$	OWN \$	BOARD \$	BOARD \$
HOW LONG?		SINCE: (mm/dd/yy)		HOW LONG?		SINCE: (mm/dd/yy)	
REASON FOR WANTING TO LEAVE:				REASON FOR WANTING TO LEAVE:			
PRESENT LANDLORD				PRESENT LANDLORD			
Name (Last,First)		Phone		Name (Last,First)		Phone	
PREVIOUS LANDLORD				PREVIOUS LANDLORD			
Name (Last,First)		Phone		Name (Last,First)		Phone	
Other Person(s), under 18, who will occupy the suite				Other Person(s), under 18, who will occupy the suite			
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
Name	Relationship	Date of Birth		Name	Relationship	Date of Birth	
EMERGENCY INFORMATION				EMERGENCY INFORMATION			
Next of Kin (not spouse)		Name:		Next of Kin (not spouse)		Name:	
Address		Relationship	Phone	Address		Relationship	Phone
SPECIAL NEEDS				SPECIAL NEEDS			
FAMILY DOCTOR				FAMILY DOCTOR			
Name		Phone		Name		Phone	

EMPLOYMENT INFORMATION				EMPLOYMENT INFORMATION			
Present Employer			Phone	Present Employer			Phone
Position		Since (mm/dd/yy)		Position		Since (mm/dd/yy)	
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal
<i>Income (all sources) \$</i>				<i>Income (all sources) \$</i>			
Previous Employer			Phone	Previous Employer			Phone
Position		Since (mm/dd/yy)		Position		Since (mm/dd/yy)	
Full-time	Part-time	Temporary	Seasonal	Full-time	Part-time	Temporary	Seasonal
PARKING REQUIRED				PARKING REQUIRED			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many spots?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many spots?	
VEHICLE INFORMATION				VEHICLE INFORMATION			
Model/Year	Color	Plate No.:		Model/Year	Color	Plate No.:	
ARE THERE ANY CIRCUMSTANCES YOU WOULD LIKE TO MAKE US AWARE OF?							
DECLARATION							
<p>* I/We hereby declare that the foregoing information is true and correct. I/We hereby authorize and allow Bethany Care Society to complete a credit/personal investigation and I/We give permission to previous landlords and references to provide information on our previous associations as requested by Bethany representatives in completing their investigation.</p> <p>Application to rent is subject to the approval and acceptance of Bethany Care Society.</p>							
Signature				Signature			
Date				Date			
“ For Office Use Only “							
Tax Assessment				Tax Assessment			
Proof of Income				Proof of Income			
Identification Verification:		1		Identification Verification:		1	
		2				2	
References checked by				Interview done by:			
Credit verified by				Comments:			
Employment verified by							
Previous landlord verified							
Approved by							
Application Disapproved:			Reason:			Date:	