



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?

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

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: _____