

Application	Form	Office	Use	Only	
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File #:	
Date:	

APPLICATION FOR RESIDENCY AT LINWOOD COURT

The information you give will be kept confidential.

The Freedom of Information and Protection of Privacy Act covers the collection, use and disclosure of

A. Applicant I	nformation (PLEA	ASE PRINT CLEA	KLY)						
Last name		First name(s)		Date of Birth					
						Month	/ . [ay	/ Year
Last name First na		First name(s)	First name(s) Date of		of Birt			- 1	
					/ / Month Day Yea			/ Year	
						IVIOITU	L	и	Teal
Mailing Addre	ess								
Apt# Street Address			Street Name						
City			Province	<u> </u>	Post	al Code			
-									
Contact Infor	mation								
Home Phone									
Home i none		Work Phone				Cell Phone			
Home mone		Work Phone				Cell Phone			
		Work Phone				Cell Phone			
Email Address		Work Phone				Cell Phone			
		Work Phone				Cell Phone			
Email Address	ddrass (complete		at than ma	ailing a	ddra				
Email Address Residential A	ddress (complete		nt than ma			ess)			
Email Address	ddress (complete Street Address		nt than ma	ailing a		ess)			
Email Address Residential Address					: Nam	ess) e			
Email Address Residential A			nt than ma		: Nam	ess)			
Email Address Residential Address					: Nam	ess) e			
Residential Adapt#	Street Address				: Nam	ess) e			
Residential AcApt# City 3. Current Ac					: Nam	ess) e			
Residential Adapt# City B. Current Acapo Do you:	Street Address	only if differer	Province	Street	Post	ess) e al Code	iree A	CCOMP	modation
Residential Adapt# City B. Current According to you: 1. Rent	Street Address commodation 2. Own 3. S	only if differer	Province	Street	Post	ess) e al Code 5. F			modation
Residential Adapt# City 3. Current According to you: 1. Rent	Street Address	only if differer	Province	Street	Post	ess) e al Code	hly re		sidized?

1 **Linwood Court Application**

Last Name			First Name			Work Phone	1
		This trume Work Thor					
Previous Add	ress & La	ndlord Co	ntact Inforn	nation (if a	t presei	nt address less	s than 3 years)
Apt#	Street Ac			•	Street N		, ,
City			Province	ı	Postal Code		
Landlord's Last Name		Landlord's F	Landlord's First Name W		Work Phone	Work Phone	
C. Pets							
Do you have ar	ny househol	d pets?					
	. No		nat type of p	et(s):			
Do you have a	dog?						
1. Yes 2	. No	If yes, ty	oe or breed	of dog and	size (w	eight) of dog:	
D. Income (lis Proof of incor	_	-		e deductio	ns) for a	all members o	f your household)
First Name			employment,	El, pensions,	income		
1.					income a	ssistance etc.)	Gross Monthly Income (\$)
2.					micome a	ssistance etc.)	Gross Monthly Income (\$) \$
					meome a	issistance etc.)	
3.					income a	issistance etc.)	\$
3.4.					income a	issistance etc.)	\$ \$
					THEOTHE &	issistance etc.)	\$ \$ \$
4.					THEOTHE &	issistance etc.)	\$ \$ \$
4.5.						Ionthly Income:	\$ \$ \$ \$
4.5.7							\$ \$ \$ \$
4.5.		Fi	rst name(s)			Ionthly Income:	\$ \$ \$ \$

(optional)	
G.Declaration	
We declare:	
 This is my/our application and all the information in it is knowledge. 	true and complete to the best of my/our
We permit:	
 Baptist Housing, pursuant to the Freedom of Informatio any inquiries that are necessary to verify the informatio Pursuant to the Freedom of Information Act, any persor release to Baptist Housing any information pertinent to application. 	on given in this application. n, corporation, or social agency may the assessment of my/our
 Baptist housing may receive and exchange with credit be credit and other information about me/us to be used in me/us with rental accommodation. 	• • •
We understand	
 This application does not constitute an agreement on the me/us with rental accommodation. 	ne part of Baptist Housing to provide
 It is my/our responsibility to advise Baptist Housing of a this application and to provide any supporting materials 	, .
	Date:
Signed by Applicant	

Submit Application

To: Linwood Court c/o 3812 Carey Road Victoria, BC V8Z 0C5

Fax: 250-592-3527