Kitasoo XaiXais Housing Application

Applicant Information										
Name:										
Date of birth:	Status #					Phone:				
Current address:										
City:	Province:					Postal Code:				
Employment Information:	Employed	Unemplo	yed	Pension	Inc	come As	sistano	се	(please circle)	
Current employer:										
Employer address:									How long?	
Phone:	-mail:	nail: Fax:								
City:	Province: Pos						Postal (stal Code:		
Co-applicant Information, if Married or Common Law										
Name:										
Date of birth:	Status #: Phone					Phone:	e:			
Co-applicant Employment Information: Employed Unemployed Pension Income Assistance (please circle)										
Current employer:										
Employer address:									How long?	
Phone:	E-mail:			F				ax:		
City: Province: F							Postal Code:			
Emergency Contact										
Name of a person not residing with you:										
Address:										
City:	Province:	Province: Postal					ode:		Phone:	
Relationship:										
Children currently residing with you										
Name:		Date of birth:					Status #:			
References										
Name: Address:								Phone:		
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.										
Signature of applicant:									Date:	
Signature of co-applicant:									Date:	