

## APPLICATION FORM FOR Stride Place – Page 1

APPLICANT'S NAME: _____	PHONE #: _____
BIRTHDATE: _____	SOCIAL INSURANCE # _____

CO-APPLICANT'S NAME: _____	PHONE #: _____
BIRTHDATE: _____	SOCIAL INSURANCE # _____

ADDRESS: _____
POSTAL CODE: _____ APPLICANT'S WORK PHONE #: _____

**Name, relationship, gender, birth date and age of anyone who will reside in the unit**

First Name & Last Name	Relationship	Gender	Birth Date	Age
1.				
2.				
3.				
4.				
5.				
6.				

How many bedrooms do you need? # \_\_\_\_\_

DO YOU: RENT _____ OWN _____ CO-OP _____ OTHER _____ MONTHLY RENT: \$ _____
DOES RENT INCLUDE HEAT? _____ yes _____ no If yes, average monthly cost? \$ _____

WHY DO YOU WISH TO MOVE? _____ _____
NUMBER / TYPE OF PETS _____ VEHICLE _____ YEAR / TYPE _____

RESIDENCES OR LANDLORDS FOR THE PAST FIVE YEARS	
REFERENCE NAME:	PHONE:

DO YOU HAVE A DISABILITY? \_\_\_\_\_ WHAT IS THE NATURE OF YOUR DISABILITY? \_\_\_\_\_  
\_\_\_\_\_

Dated at \_\_\_\_\_, B.C. this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE

**PLEASE PROVIDE CONFIDENTIAL INCOME INFORMATION ON PAGE 2**

## APPLICATION FORM – Page 2

**Please indicate your current monthly income.  
Proof will be required three months before move-in**

	Regular gross monthly income	All other income
Member		
Co-Applicant		
Other Adults		
Children		
<b>TOTAL</b>		

IF APPLICABLE, APPLICANT'S EMPLOYMENT HISTORY (Past 3 Years):	
NAME OF EMPLOYER:	DATES WORKED:
IF APPLICABLE, CO-APPLICANT'S EMPLOYMENT HISTORY (Past 3 Years):	
NAME OF EMPLOYER:	DATES WORKED:

ASSETS Cash/Bank Balance \$ _____	Real Estate (estimated value) \$ _____
RRSPs \$ _____	OTHER \$ _____

<b>DEBT</b>	
Name/s of Credit Union or Bank: _____	
Type/s of Accounts: Savings _____ Chequing _____ Loan _____	Amount of Savings: \$ _____
Loans Outstanding Amount: \$ _____	Monthly Payments \$ _____
Average Credit Card Balances: Visa \$ _____ MasterCard \$ _____	American Express \$ _____
Other \$ _____	Other Debt (If Any): Owed to: _____ Monthly Payments \$ _____
Comments: _____	

**AGREEMENT:**

**I HEREBY AUTHORIZE** the Burnaby Association for Community Inclusion to obtain such reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE OF APPLICATION**

<b>FOR INTERNAL USE:</b>	
Date Application Received: _____	Signature: _____
Employment History Confirmed by: _____	Date: _____
Landlord Reference Checked by: _____	Date: _____
Credit Bureau Report _____	Credit Check by: _____ Date: _____
Interviewed by _____	Date: _____ Approved _____
Comments (if any): _____	