

APPLICATION FOR HOUSING FOR 7210 AND 7216 Mary Ave

Housing Services Office #112 – 7210 Mary Avenue Burnaby, BC V5E 3K4 Phone: 604-525-3288, Local 1 or 2

Fax: 604-525-7464

Website: www.newvista.bc.ca

PURPOSE OF THIS FORM

This application form is designed to collect specific information from applicants seeking housing in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act (the FOI Act). The New Vista Society will use this information to determine your eligibility for housing and the types of accommodation that best suite your needs.

HOW TO APPLY

Message Phone

Complete the attached application for accommodation and return to the above address.

A. Applicants: (Person (s) asking for accommodation)

Last name	First name	Mr. Mrs.	Miss Ms.
Last name	First name	Mr. Mrs.	Miss Ms.

B. Applicant's Contact Information

Street Address	City and Province	Postal Code				
	only and i formor	. 5516 5545				
Mailing Address (if different from above)						
······································						
Home Phone	Work Phone					
1.6.1.6	110110110					

E-mail

C. Household Information; List all people applying for housing (including yourself)

Last name	First Name	lame Relationship		Status in Canada	
1.					
2.					

D. Residency	HISTORY (PIE	ase pr	ovide inform	ation	on last three	iandiords.)		
Rental Address I			To Date Land		dlord Name Landlord		hone #	Reason for Leaving
Employme	ent status a	nd inc	come verific	ation				<u> </u>
Current Employe	r:				Address:			
hone:					How Long?	,		
osition: Hour		Hourl (circle	ly Salary Annual Income		ome			
	s (Example o	current			or associate,	other than re		
lame			Relationship			Pnone	Number	
		I.						
R. Do you hav	ve any pets?	,	☐ Yes	3	☐ No			
f yes, please provi The New Vista Soc vill you be able to	ciety restricts	the nui	mber and type	e of pe	ts permitted.	If you have a	pet that	is not permi
S. Do you ow	n a car (s) ?		☐ Yes	6	☐ No			

Make _____

APPLICATION FORM DECLARATION

I/We declare:

- this is my/our application; and
- all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- pursuant to the Freedom of Information and Protection of Privacy Act (FOI Act), The New Vista Society to make any inquiries that are necessary to verify the information given in this application.
- my References as listed above to release information regarding my employment and/or past/current tenancies. I also authorize a credit check to be completed.

I/We understand:

• that false information given by me/us may result in my/our application being cancelled from consideration;

Application must be signed by everyone age 19 or older

Print Name	Signature	Date