

STRATFORD COMMUNITY SENIORS COMPLEX

APPLICATION FORM

BACKGROUND INFORMATION

DATE: _____

APPLICANT'S NAME: _____

CO-APPLICANT'S NAME _____

PRESENT ADDRESS _____

TELEPHONE: _____

1) Presently, what type of housing do you live in?

_____ Own home _____ Apartment _____ Seniors Complex

2) If renting, how much rent per month (heat included) in presently being paid?

3) Do you share accommodation _____ Yes _____ No

4) How many bedrooms are in your present accommodation? _____

5) Do you or any member of your household require a modified unit to accommodate a disability? _____ Yes _____ No

Is so, briefly outline your needs:

Please provide two references not including any relatives:

Name	Address	Telephone
1.		
2.		

FINANCIAL INFORMATION

Number of Members in the Household:

	Household Head	Other	Dependents			
			1	2	3	4
Age						
Sex						

Total Household Members: _____

Sources of Income:		Applicant	Co-applicant	Dependents			
				1	2	3	4
1	Employment (salary, wages or investment income)						
2	U.I.C. Benefits						
3	Pensions (OAS, GIC, CPP, Other)						
4	Support Payments						
5	Social Assistance						
6	Other						

Total Annual Income: \$_____

Applicant signature _____

Co-applicant signature _____

Date _____

