

Shoreham Village Senior Citizens Apartment Association
50 Shoreham Cres., RR # 1
Chester, NS, B0J 1J0

Application Form

Date _____

Name _____

Address _____

Telephone _____ Date of Birth _____

Accommodation Required: 1 bedroom _____

2 bedroom _____

Do you require any special living requirements (i.e. wheelchair,
etc). yes _____ no _____ If yes please explain _____

Do you have any health problems which require outside agencies
to visit your home? (i.e. VON, homemakers, etc) yes ___ no ___

If yes please explain _____

List below the names of all persons (including applicant) who will be living in the apartment.

Name

Relationship

Do you own a vehicle? Yes_____ No _____

Have you ever been a tenant of Shoreham Village before? Yes__ No__

List the names of two people to contact in the event of an emergency:

1. Name_____ Relationship_____

Address_____

Telephone number_____

2. Name_____ Relationship_____

Address_____

Telephone number_____

The following information is required to determine your eligibility for tenancy for the affordable housing units or your eligibility for rent subsidy.

Total Gross annual income for the past calendar year_____

Do you receive family benefits, disability, or municipal social assistance? Yes_____ No_____

Received per month_____

Name of Caseworker_____

List below the names of three references:

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

3. Name _____ Telephone _____

Address _____

I hereby certify that the information given above is correct and authorize Shoreham Village to make any enquiries deemed necessary deemed necessary to verify this information including obtaining a consumer report. Any falsification of information, is cause for immediate cancellation of my application, or if I have been living in an apartment, could result in the termination of my lease.

Dated at _____ This _____ Day of

_____ 20__.

(Signature of Applicant)

(Signature of spouse - if applicable)