

Housing Application

The information provided on this form is collected under the authority of the Freedom of Information and Privacy Act and will be used to determine and verify the client's eligibility for leasing a unit under the Residential Tenancies Act.

Questions about the collection of this information can be directed to a Leasing Agent of:

Calgary Housing Company 587-390-1200

Building: _____ Unit: _____ Possession Date: _____ Program: _____ Applicant _____ of _____

Rent: _____ Parking: _____ Surcharge: _____ Total: _____

First Name: _____ Last Name: _____ Maiden: _____

Date of Birth: _____ Primary Phone Number: _____ Email: _____

Emergency Contact: _____ Phone: _____

Current Address: # _____ Street: _____ City: _____ Postal Code: _____

Current Landlord: _____ Landlord Phone: _____ How long: _____

Previous Address: # _____ Street: _____ City: _____ Postal code: _____

Previous Landlord: _____ Landlord Phone: _____ How long: _____

Income Source: _____ Start Date: _____ Phone: _____

Occupants/Dependants: 1. _____ Birthdate: _____

2. _____ Birthdate: _____

3. _____ Birthdate: _____

Calgary Housing Company History:

Have you ever lived in Calgary Housing units in the past? _____ Yes _____ No

If yes, please provide address: _____ Date: _____

I understand that there are no pets allowed on these premises without written authorization from the Landlord.

I understand that all vehicle details must be provided prior to lease signing

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Calgary Housing Company my/our consent to make inquiries that are necessary to verify the information given this application and I/we authorize any person, corporation, or social agency to release to Calgary Housing Company any information pertinent to the assessment of my/our application with Calgary Housing Company.

Applicant Signature: _____ Date: _____