



Office in Westgate Alliance Church
3315 Centennial Drive
Saskatoon Sk S7L 6V4
P: 306.716.0376 F: 306.382.6601
housing@westgatealliance.ca

Please complete and return to the following address:

Westgate Alliance Church
3315 Centennial Drive, Saskatoon, SK S7L 6V4
Phone: 306.716.0376 Fax: 306.382.6601

Please print

Date: _____

Names of Adults:

Primary Phone Number: _____

Primary Current Address: _____

Primary Email Address: _____

1. (Primary Adult) _____ (full name)

Place of Birth _____ Age (Day/Month/Year) _____

Country of citizenship _____

Date of Work visa/landed immigrant _____

2. _____ (full name)

Relationship to primary Adult: _____

Place of Birth _____ Age (Day/Month/Year) _____

Country of citizenship _____

Date of Work visa/landed immigrant _____

3. _____ (full name)

Relationship to primary Adult: _____

Place of Birth _____ Age (Day/Month/Year) _____

Country of citizenship _____

Date of Work visa/landed immigrant _____

4. _____ (full name)

Relationship to primary Adult: _____

Place of Birth _____ Age (Day/Month/Year) _____

Country of citizenship _____

Date of Work visa/landed immigrant _____



Dependent children:

- 1. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____
- 2. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____
- 3. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____
- 4. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____
- 5. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____
- 6. _____ (full name)
Place of Birth _____ Age (Day/Month/Year) _____
Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
Nephew/Niece or Other Relationship (specify): _____

Which type of unit are you interested in: (check one)

- 1 bedroom
- 2 bedroom
- 3 bedroom
- 5 bedroom
- barrier free (handicap)

Pets: No pets

Estimated current annual income:

_____ (To be verified through T4 slips)

Consent for Credit Check

Please sign here if you agree to allow Westgate Heights Attainable Housing Inc. to do a credit check.

Signature Primary Adult



Contact information of current employer:

Name of company: _____
Name of supervisor: _____
Phone Number of Employer: _____
Address of Employer: _____

References: (please include the names of 2 references)

Reference #1

Relationship (eg. former employer, co-worker, land lord, etc.) _____
Name: _____ Telephone Number: _____
Address: _____

Reference #2

Relationship (eg. former employer, co-worker, land lord, etc.) _____
Name: _____ Telephone Number: _____
Address: _____

Previous Addresses of Landlords for the last 5 years (if more space is required please use additional paper):

2019

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

2017

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

2018

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

Name: _____
Dates of Rental: _____
Address: _____
Telephone Number: _____

Please note that all information will be kept in strictest confidence.

