

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

1 Holle: 500.7 10.0570 1 u.k. 500.502.0001			
Please print	Data		
Names of Adults:	Date:_		
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 imm			
2		(full name)	
Relationship to primary Adult:			
Place of Birth	Age (Day/Month/Year)		=
Country of citizenship			
Date of Work visa/landed imm	igrant		
3		(full name)	
Relationship to primary Adult:			
Place of Birth			
Country of citizenship			
Date of Work visa/landed imm			
4		(full name)	
Relationship to primary Adult:		(
Place of Birth			
Country of citizenship			
Date of Work visa/landed imm			

Dependent children:

1	(full name)
	Place of Birth Age (Day/Month/Year)
	Relationship to Primary Adult (circle one): Son/Daughter Grandson/Granddaughte
_	Nephew/Niece or Other Relationship (specify):
2	Place of Birth Age (Day/Month/Year)
	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)
o	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)
J	Place of Birth Age (Day/Month/Year)
	Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughter
	Nephew/Niece or Other Relationship (specify):
_	
6	Place of Birth Age (Day/Month/Year)(full name)
	Relationship to Primary Adult (circle one): Son/Daughter, Grandson/Granddaughte
	Nephew/Niece or Other Relationship (specify):
Whic	h type of unit are you interested in: (check one)
	1 bedroom
	2 bedroom
	3 bedroom 5 bedroom
	barrier free (handicap)
	burrier free (fluideteap)
Pets:	No pets
Estin	nated current annual income:
	(To be verified through T4 slips)
Cons	ent for Credit Check
Pleas	e sign here if you agree to allow Westgate Heights Attainable Housing Inc. to do a check.
	Signature Primary Adult

Office at 3315 Centennial Drive, Saskatoon, Saskatchewan, Canada S7L 6V4 Tel: (306) 716-0376 • Fax: (306) 382-6601



Contact information of current en	mployer:
Name of supervisor:	
References: (please include the	names of 2 references)
Reference #1	
	co-worker, land lord, etc.)
Name:	Telephone Number:
Reference #2	
Relationship (eg. former employer,	co-worker, land lord, etc.)
	Telephone Number:
Address:	
Previous Addresses of Landlords additional paper):	for the last 5 years (if more space is required please use
Name:	Name:
Dates of Rental:	
Address:	Address:
Telephone Number:	Telephone Number:
Name:	Name:
Dates of Rental:	Dates of Rental:
Address:	Address:
Telephone Number:	Telephone Number:
Name:	Name:
Dates of Rental:	
Address:	
Telephone Number:	Telephone Number:

Is there any other information we need to know as we process your application: