



**Housing for Seniors**

# Student Housing Application Form

<b><u>For Office Use Only</u></b>	
Date Received Fully Complete:	_____
Date Approved:	_____

### **Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Canadian Citizen     
  Permanent Resident     
  International Student  
 (Attach proof of residency)

Name of Post-Secondary Institution you will be attending: \_\_\_\_\_

Program: \_\_\_\_\_

*Attach proof of enrolment*

*I authorize Vista Housing to obtain references from the individuals listed within this application.*

Signature of Applicant: \_\_\_\_\_

### **Previous Landlord Information (if applicable)**

Contact Name: \_\_\_\_\_

Property Management Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Personal References:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Financial Guarantor:**

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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I understand that this is just an application and that it is not an agreement for lease on the part of Vista Housing for Seniors, or its agents, to provide me with rental accommodation.

I further acknowledge the right of Vista Housing for Seniors, or its agents, at any time prior to the execution and delivery to me of a lease, to withdraw, or cancel, without penalty or liability for damages or otherwise, any prior approval of this application.

I authorize Vista Housing for Seniors, or its agents to investigate any or all of the statements made by me in this application, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

X \_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

**Please submit application and all documentation to:**

Vista Housing for Seniors  
11622-119 Street NW  
Edmonton, Alberta, T5G2X7  
Phone: 780-476-1470  
[admin@vistahousing.org](mailto:admin@vistahousing.org)

**THIS PAGE IS ONLY TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR OATHS**

(Please do not fill in any information on your own ahead of time)

**(DOMINION OF CANADA, PROVINCE OF ALBERTA) IN THE MATTER OF THIS APPLICATION FOR DWELLING ACCOMMODATION IN THE HOUSING PROJECT.**

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the Province of \_\_\_\_\_, do solemnly declare as follows:

1. That I am the applicant named in this application;
2. That the statements made by me in this application are to the best of my knowledge, information and belief, full and true in all respects;
3. That I have resided in the Province of \_\_\_\_\_ for \_\_\_\_\_ years of my life and in the area for \_\_\_\_\_ years.

And I make this Solemn Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act."

Declared before me at the City of Edmonton, in the Province of

Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_

Signature of Applicant

\_\_\_\_\_  
A Commissioner for Oaths in and for the Province of Alberta

\_\_\_\_\_  
Printed name of Commissioner for Oaths

My Appointment expires on: \_\_\_\_\_  
Month / Day / Year