

OLIVER PLACE RENTAL APPLICATION

Date Received: _____

Applicant

Personal Information

Applicant: _____

First name

Middle name(s)

Last name

Current Address: _____

Address

City/Town

Province

Postal Code

Email

Marital Status: Single/Widowed/Separated/Divorced ☐ Married/Common-law ☐

Social Insurance Number: _____ Health Services Number: _____

Phone numbers: _____

Home

Cell

Work

Gender: F ☐ M ☐ OTHER ☐ Birthdate: _____

Next of Kin Contacts:

Name Address Phone Number Relationship

Name Address Phone Number Relationship

Co-Applicant

Personal Information

Co-Applicant: _____

First name

Middle name(s)

Last name

Current Address: ☐ Same as Applicant Relationship to Applicant: _____

Address

City/Town

Province

Postal Code

Email

Marital Status: Single/Widowed/Separated/Divorced ☐ Married/Common-law ☐

Social Insurance Number: _____ Health Services Number: _____

Phone numbers: _____

Home

Cell

Work

Gender: Female ☐ Male ☐ OTHER ☐ Birthdate: _____

Rental History and References

Do you currently live in a home you own? Yes ☐ No ☐

Are you a first-time renter? Yes ☐ No ☐

Provide contact information for your current and previous landlords. If you have not rented, provide two character references that are not friends or family (teacher, support worker, health professional, etc.)

Current Landlord or Character Reference

Name: _____ Phone Number: _____

Email: _____ Tenancy Start Date: _____

Previous Landlord or Character Reference

Name: _____ Phone Number: _____

Email: _____

Tenancy Start Date: _____ Tenancy End Date: _____

1. Describe your present living conditions: _____

2. Do you presently receive services from Home Care? Yes ☐ No ☐

If so, list services received: _____

3. Do you receive help from other sources? (Family, friends, neighbors, etc...) Yes ☐ No ☐

If so, list help received (shopping, meals, etc...) _____

4. Please explain your reasons for wanting to leave your present accommodations and acquire accommodations in Oliver Place: _____

5. List any medical conditions or physical disabilities: _____

ALL INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE

You are required to submit a photocopy of your most recent income tax return when you are notified that you are next on the list for a suite. I hereby authorize the management of Oliver Place to obtain information from my bank accounts, investments, or other sources of income from any source. By providing my signature I acknowledge as notice in writing Oliver Places' intent to obtain this information. I agree to indemnify the bank or trust company from all claims which may arise because the bank or trust company discloses information about me.

Name and address of Banks

I am fully aware that the discovery of any false statement may jeopardize my suite rental at Oliver Place.

I declare that all the information in this application is true and complete to the best of my knowledge.

Date Signature – Applicant Signature – Co-Applicant

Please complete and email to oliverlodge@saskhealthauthority.ca

or mail to: **OLIVER LODGE 1405 FAULKNER CRES SASKATOON SK S7L 3R5**