



'NAMGIS HOUSING APPLICATION

APPLICANT INFORMATION

| | | | |
|--|---|------------------|--------------|
| Name: | | | |
| Date of birth: | | Status Number: | Phone: |
| Current address: | | | |
| City: | | Prov: | Postal Code: |
| First Home? Yes <input type="checkbox"/> No <input type="checkbox"/> | Own <input type="checkbox"/> Rent <input type="checkbox"/> | Monthly payment: | How long? |

EMPLOYMENT INFORMATION

| | | | |
|-------------------|--|---|----------------|
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | | E-mail: | Fax: |
| City: | | Prov: | Postal Code: |
| Position: | | Hourly <input type="checkbox"/> Salary <input type="checkbox"/> | Annual income: |

EMERGENCY CONTACT

| | | | |
|---|--|-------|--------------|
| Name of a relative not residing with you: | | | |
| Address: | | | Phone: |
| City: | | Prov: | Postal Code: |
| Relationship: | | | |

SPOUSE INFORMATION

| | | | |
|----------------|--|----------------|--------|
| Name: | | | |
| Date of birth: | | Status Number: | Phone: |

SPOUSE EMPLOYMENT INFORMATION

| | | | |
|-------------------|--|---|----------------|
| Current employer: | | | |
| Employer address: | | | How long? |
| Phone: | | E-mail: | Fax: |
| City: | | Prov: | Postal Code: |
| Position: | | Hourly <input type="checkbox"/> Salary <input type="checkbox"/> | Annual income: |

DEPENDANTS/CHILDREN/OTHERS WHO WILL RESIDE IN THE RESIDENCE

| | | |
|-------|----------------|------|
| Names | Date of Birth: | Sex: |
| | | |
| | | |
| | | |

RENTAL REFERENCES

| | | | |
|------|--------|------|--------|
| Name | Phone: | Name | Phone: |
| Name | Phone: | Name | Phone: |
| Name | Phone: | Name | Phone: |

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

| | |
|----------------------------|-------|
| Signature of Applicant: | Date: |
| Signature of Co-Applicant: | Date: |