



Saint Andrew's House Inc.

c/o 130 University Avenue
Saint John, NB E2K 4K3

Telephone: (506) 643-6001
Fax: (506) 643-6126

Rental Application

Full Name: _____

Present Address: _____

Telephone Number: _____ Date of Birth: _____

Marital Status: Single____ Married____ Widowed____ Divorced____ Separated ____

Name of Spouse: _____

Do you suffer from any infirmity that might determine the type of accommodation you might require? _____

Please provide two next of kin:

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Please indicate your current level of annual household income: _____

Are you eligible or claiming the disability tax credit? _____

This preliminary application for accommodation indicates your interest in Saint Andrews House. We have 18 units and there could be an extended waiting period prior to any acceptance on our behalf. There is an interview procedure to be followed through the N.B. Housing Corporation with a representative of Saint Andrew's House. Please note we do not allow smoking or pets.

SIGNATURE OF APPLICANT _____ DATE _____