

Yes

No

Yes

No

Yes

No

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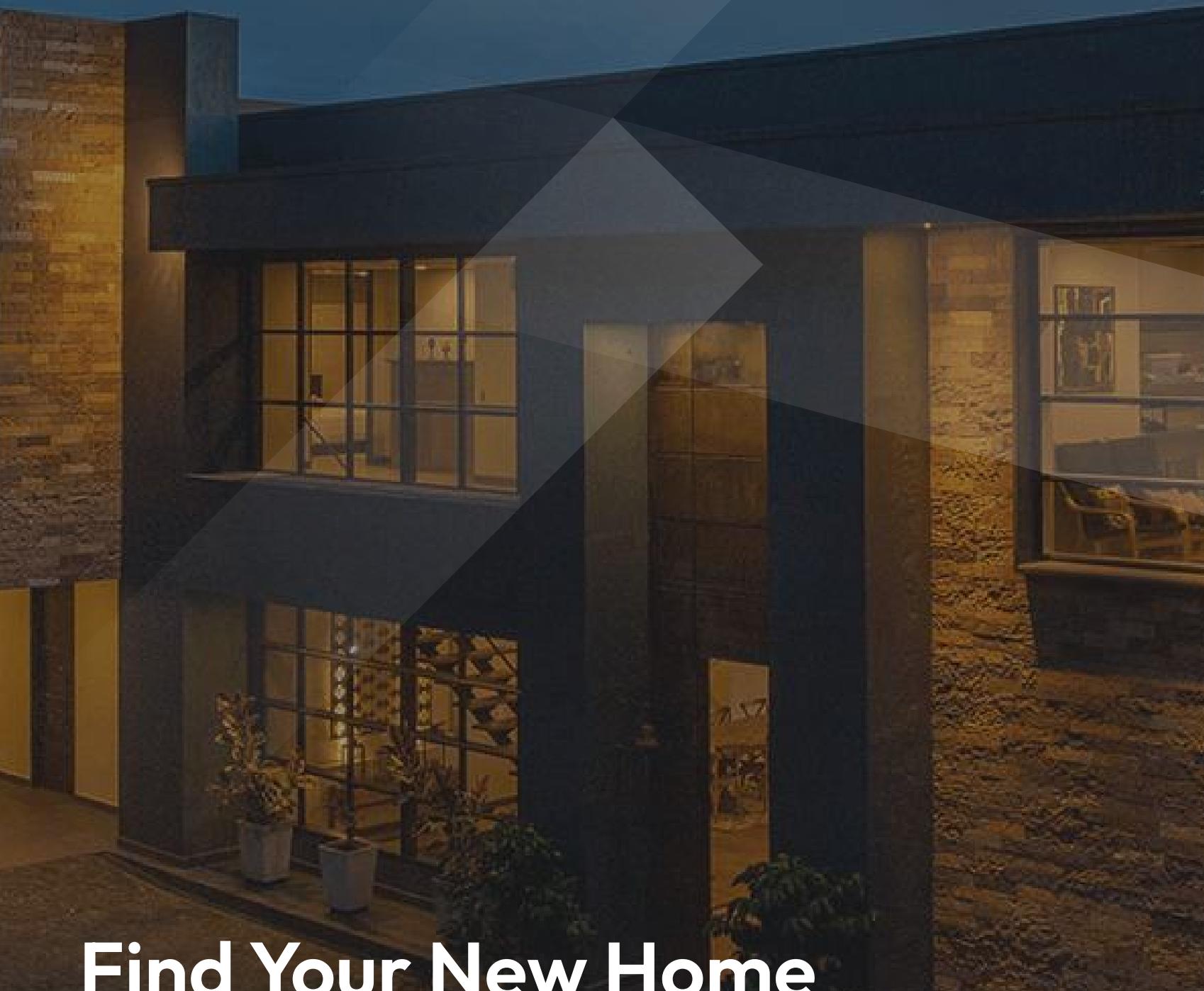
Email

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SEND



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## PERSONAL INFORMATION

**First Name\***

Raymundo

**Last Name\***

Ruecker

**Preferred Name**

Kim Parker

**Date of Birth\***

12-09-1993

**Civic Number\***

74959

**Street Name\***

Moises Views

**Suite Number\***

94944

**City\***

Labadiefurt

**Community**

Wooden

**Province\***

example name

**Postal Code\***

46017

**Phone Number**

938-413-8501

**SIN (Social Insurance Number)\***

example name

**Email\***

Kamren.Davis78@yahoo.com

**Preferred Method of Contact** Phone  Email  Mail**Disability Status:**

Is the primary applicant or any household member living with a disability?

 Yes  No

If yes describe

**Chronic Illness:**

Has the primary applicant or any household member been diagnosed with a chronic illness?

 Yes  No  specify illness

If yes describe

**Fleeing Violence:**

Is the primary applicant or any family member seeking housing due to fleeing violence?

 Yes  No

If yes describe

**Government Income Support:**

Does the applicant receive government income support?

 Yes  No

If yes describe

**Student:**

Is the applicant currently a student?

 Yes  No**Gender\***

Male

**Marital Status\***

Married

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## EMPLOYMENT AND INCOME INFORMATION

First Name\*

Raymundo

Last Name\*

Ruecker

Current Address\*

Kim Parker

City\*

74959

Street Name\*

Moises Views

Postal Code\*

12-09-1993

Employment Status\*

Employed

Income Source\*

GN Employee

Gross Annual Income\*

\$1000

Additional Income Sources (if any)

If yes describe

Continue



## DOCUMENT UPLOADS

### FIELDS

Pay Stubs, CRA Documents, Social Services Verification, Identification Documents  
(Driver's License, Passport), Other Relevant Documents

UPLOAD RELEVANT DOCUMENTATION TO INCOME VERIFICATION.



Upload Document

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Add Household Member

Previous

Submit

## PRIMARY APPLICANT HOUSEHOLD MEMBER

First Name\*

Raymundo

Last Name\*

Ruecker

Date of Birth\*

Kim Parker

Relationship\*

Father

### Disability Status:

Is the primary applicant or any household member living with a disability?

Yes  No

If yes describe

### Chronic Illness:

Has the primary applicant or any household member been diagnosed with a chronic illness?

Yes  No  specify illness

If yes describe

### Fleeing Violence:

Is the primary applicant or any family member seeking housing due to fleeing violence?

Yes  No

If yes describe

### Prompt Application for co-applicant

Yes  No

If yes describe

**Continue**



## CO-APPLICANT PERSONAL INFORMATION

First Name\*

Raymundo

Last Name\*

Ruecker

Preferred Name

Kim Parker

Date of Birth\*

12-09-1993

Civic Number\*

74959

Street Name\*

Moises Views

Suite Number\*

94944

City\*

Labadiefurt

Community

Wooden

Province\*

example name

Postal Code\*

46017

Phone Number

938-413-8501

SIN (Social Insurance Number)\*

example name

Email\*

Kamren.Davis78@yahoo.com

Preferred Method of Contact

 Phone  Email  Mail

## Disability Status:

Is the primary applicant or any household member living with a disability?

 Yes  No

If yes describe

## Chronic Illness:

Has the primary applicant or any household member been diagnosed with a chronic illness?

 Yes  No  specify illness

If yes describe

## Fleeing Violence:

Is the primary applicant or any family member seeking housing due to fleeing violence?

 Yes  No

If yes describe

## Government Income Support:

Does the applicant receive government income support?

 Yes  No

If yes describe

## Student:

Is the applicant currently a student?

 Yes  No

## Gender\*

Male

## Marital Status\*

Married

Continue





## -APPLICANT EMPLOYMENT AND INCOME INFORMATION

First Name\*

Raymundo

Last Name\*

Ruecker

Current Address\*

Kim Parker

City\*

74959

Street Name\*

Moises Views

Postal Code\*

12-09-1993

Employment Status\*

Employed

Income Source\*

GN Employee

Gross Annual Income\*

\$1000

Additional Income Sources (if any)

If yes describe

Continue



## CO-APPLICANT DOCUMENT UPLOADS

### FIELDS

Pay Stubs, CRA Documents, Social Services Verification, Identification Documents  
(Driver's License, Passport), Other Relevant Documents

### UPLOAD RELEVANT DOCUMENTATION TO INCOME VERIFICATION.



Upload Document

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Continue

## CO-APPLICANT HOUSEHOLD MEMBERS

First Name\*

Raymundo

Last Name\*

Ruecker

Date of Birth\*

Kim Parker

Relationship\*

74959

### Disability Status:

Is the primary applicant or any household member living with a disability?

Yes  No

If yes describe

### Chronic Illness:

Has the primary applicant or any household member been diagnosed with a chronic illness?

Yes  No  specify illness

If yes describe

### Fleeing Violence:

Is the primary applicant or any family member seeking housing due to fleeing violence?

Yes  No

If yes describe

### Prompt Application for co-applicant

Yes  No

If yes describe

**Continue**



## HOUSING PREFERENCES

### Fields:

Desired Community\*

Desired Community

Desired House Type\*

Desired House Type

Bedrooms\*

Bedrooms

Bathrooms\*

Bathrooms

Parking\*

Parking

Additional Income Sources (if any)

If yes describe

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## HOUSING PREFERENCES

**Consent to Credit Check** Yes  No**Consent to Share Information with Housing Authorities** Yes  No**Declaration of Truthfulness of Information Provided** Yes  No**Form Viewer:****Date of Consent\***

Signature date: 2024-06-09

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## REVIEW AND SUBMIT

## Information

First Name*	Last Name*	Preferred Name
Raymundo	Ruecker	Kim Parker
Date of Birth*	Civic Number*	Street Name*
12-09-1993	74959	Moises Views
Suite Number*	City*	Community
94944	Labadieurt	Wooden
Province*	Postal Code*	Phone Number
example name	46017	938-413-8501
SIN (Social Insurance Number)*	Email*	Preferred Method of Contact
example name	Kamren.Davis78@yahoo.com	<input checked="" type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail

## Disability Status:

Is the primary applicant or any household member living with a disability?

Yes  No

If yes describe

## Chronic Illness:

Has the primary applicant or any household member been diagnosed with a chronic illness?

Yes  No  specify illness

If yes describe

## Fleeing Violence:

Is the primary applicant or any family member seeking housing due to fleeing violence?

Yes  No

If yes describe

## Government Income Support:

Does the applicant receive government income support?

Yes  No

If yes describe

## Student:

Is the applicant currently a student?

Yes  No

## Gender\*

Male

## Marital Status\*

Married

## Income Information

Employment Status*	Income Source*	Gross Annual Income*
Employed	GN Employee	\$1000

## Additional Income Sources (if any)

If yes describe

## Household Member

First Name*	Last Name*	Date of Birth*
Raymundo	Ruecker	Kim Parker

## Relationship\*

Father

## Disability Status:

the primary applicant or any household member living with a disability?

Yes  No

If yes describe

## Chronic Illness:

Has the primary applicant or any household member been diagnosed with a chronic illness?

Yes  No  specify illness

If yes describe

## Fleeing Violence:

Is the primary applicant or any family member seeking housing due to fleeing violence?

Yes  No

If yes describe

## Prompt Application for co-applicant

Yes  No

If yes describe

## Document Uploads

## FIELDS

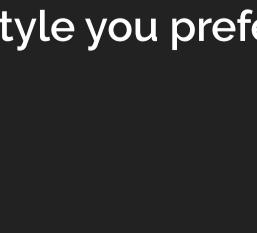
Pay Stubs, CRA Documents, Social Services Verification, Identification Documents  
(Driver's License, Passport), Other Relevant Documents

UPLOAD RELEVANT DOCUMENTATION TO INCOME VERIFICATION.



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Save Draft

Submit





## Successfully Registered

Congratulations, Your Account Has Been  
Successfully Created.

Reference Number : #123456

### Application Tracking:

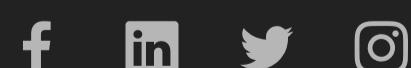
Login to view application status:

### Email Notification:

Subject: Confirmation of Application Submiss



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