

# ATANGARD COMMUNITY PROJECT

Atangard Community Project Society. *We are located at:*  
33790 Essendene Avenue. Abbotsford. BC. V2S 2H2.

Room #: \_\_\_\_\_ Available Move-in Date: \_\_\_\_\_  
Fees/Amounts: \$ \_\_\_\_\_ Preferred Accommodation: Private \_\_\_ Shared \_\_\_  
Rent: \$ \_\_\_\_\_ Roommate Request: \_\_\_\_\_  
Total: \$ \_\_\_\_\_ Employed? \_\_\_\_\_ Student? \_\_\_\_\_

**Please produce originals and photocopies of two legal pieces of ID - one must be Photo ID**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
1) ID Type: \_\_\_\_\_ Number: \_\_\_\_\_ 2) ID Type: \_\_\_\_\_ Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please provide written proof of employment** (*if applicable*)

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Contact for Confirmation: \_\_\_\_\_  
Hours Per Week: \_\_\_\_\_  
Salary: \_\_\_\_\_ Proof of Legal Income: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Contact for Confirmation: \_\_\_\_\_ Hours Per  
Week: \_\_\_\_\_  
Salary: \_\_\_\_\_ Proof of Legal Income: \_\_\_\_\_

**School Attending** (*if applicable*)

Institution: \_\_\_\_\_ Hours of instruction per week: \_\_\_\_\_  
Program: \_\_\_\_\_ Length of studies: \_\_\_\_\_  
Please provide proof of enrollment: \_\_\_\_\_

**Residence History:**

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

Own \_\_\_\_ Rent \_\_\_\_ Length of Residency: \_\_\_\_ Monthly payment \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_

Own \_\_\_\_ Rent \_\_\_\_ Length of Residency: \_\_\_\_ Monthly payment \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*Previous Address:* \_\_\_\_\_

Own \_\_\_\_ Rent \_\_\_\_ Length of Residency: \_\_\_\_ Monthly payment \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Make&Year of Vehicle:** \_\_\_\_\_ License Plate: \_\_\_\_\_

Do you have insurance for your belongings? \_\_\_\_\_

**Personal References:**

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Contacts:**

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

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Note:* If your application is accepted, the following questions are only for the purpose of organizing where you will best fit. *Please circle.*

Light/Heavy Sleeper      Early Riser/Night Owl      Bike/Auto/Scooter/Other

How did you hear of us? \_\_\_\_\_

What is your attraction to Atangard Community Living Project?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you lived in a community setting before? \_\_\_\_\_ If so, how did it impact you?

\_\_\_\_\_

