

**Application**  
**For Veteran Housing**

**Schedule "A"**

Shediac Veterans Housing  
392 Main Street  
Shediac, NB E4P 2G1

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Marital status:** M ( ) CL ( ) S ( )

**Military Service (Proof of Service Required)**

**A copy of Discharge Certificate must be attached**

Service number: \_\_\_\_\_

Are you a widowed spouse of a veteran? \_\_\_\_\_

Are you a pet owner? If yes, is your pet a service pet? \_\_\_\_\_

**Present Gross Monthly Income Combine:**

Description	Member (Y or N)	Spouse (Y or N)
Old age security / Guaranteed income supplement / Spouse allowance		
Canadian Pension Commission Disability Pension		
Foreign Country war disability pension		
Canada pension plan or Quebec pension plan		
Other income incl Retirement or superannuation or annuity		
Are eligible for VIP Program from VAC		
Are you eligible for War Veteran Allowance		
Are eligible for Workers compensation (which Province)		
Any other income not listed above		
Preferred apartment (eg 1 <sup>st</sup> , 2 <sup>nd</sup> floor 1or2 Bdrm)		

Below 30 K ( )	30 to 40 K ( )	40 to 50 K ( )	50 to 60 K ( )	More 60 K ( )
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Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you own your present residence? \_\_\_\_\_

Are you a member of the Royal Canadian Legion? \_\_\_\_\_ If so what branch \_\_\_\_\_

Do you have any dependant(s) Spouse ( ) Children (how many) ( )

Do you require assistance with mobility? \_\_\_\_\_

PROTECTED B ONCE COMPLETED

Next of Kin (NOK) with emergency contact: Name \_\_\_\_\_ Ph No: \_\_\_\_\_  
Name \_\_\_\_\_ Ph No: \_\_\_\_\_

List the addresses and telephone numbers for the places that you have lived in the past 5 years (**use back if needed**)

Address: \_\_\_\_\_ Contact phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_