

KASLO & DISTRICT SENIOR CITIZENS SHELTER SOCIETY
Box 1005 Kaslo, B.C. V0G 1M0
APPLICATION FOR TENANCY

Applicant's Name (please print)

Name: _____
(Family Name) (First Name) (Middle Name)

Address: _____
(Street Address) (PO Box No.) (City) (Province) (Postal Code)

Telephone: () _____ Message: () _____

Length of time at the above address: _____

If less than 5 years, previous address: _____

Applicant's date of birth: _____

Do you expect the number of residents applying under this application to change?

If YES, please explain:

PLEASE ATTACH A STATEMENT FROM YOUR PHYSICIAN REGARDING YOUR GENERAL STATE OF HEALTH, THAT YOU ARE CAPABLE OF INDEPENDENT LIVING AND HOW YOUR HEALTH WILL BE IMPROVED BY LIVING AT ABBEY MANOR.

<u>FINANCIAL:</u>	Income Data	
	Source of Income	Gross Monthly Income
Applicant:	_____	_____
	_____	_____
Spouse:	_____	_____
	_____	_____
	_____	_____

Do you receive Shelter Aid for Elderly Renters? Yes No

If YES, monthly amount \$ _____

This application will be kept on file for two years on the receipt of your file. At that time, re-application is needed.

** This is a non-smoking facility.*

Have you ever been a tenant of any other residence that is regulated by the B.C. Housing Management Commission? Yes No

If YES: Address: _____

Dates: _____

ASSETS: Type and Amounts
Bank Accounts: _____
Stocks & Bonds: _____
Term Deposits: _____
RRSP/Annuities: _____
Real Estate: _____
Other: (please describe): _____

PLEASE ATTACH A COPY OF MOST RECENT GAIN STATEMENT OR ANNUAL INCOME TAX RETURN. INCOME VERIFICATION WILL BE REQUIRED.

PRESENT ACCOMODATION: Rent Own No. of residents: _____
 House – No. of bedrooms _____
 Apartment – No. of bedrooms _____
 Rooming House
 Motel or hotel
 Mobile home – in trailer park Yes No Pad rent \$ _____
 private kitchen shared kitchen living with family
 private bathroom shared bathroom laundry facilities

FOR RENTORS:

Present monthly rent \$ _____
Including utilities Yes No If NO, cost of utilities/month \$ _____
Have you received Notice to Vacate? Yes No
If YES, please attach copy of Notice

FOR OWNERS:

Present annual mortgage & property taxes (total) \$ _____
Present heat source(s): _____ Monthly cost: \$ _____
Are you shovelling your own snow? Yes No
Do you own your own vehicle or scooter? Yes No
Present distance to medical services? _____

PLEASE DESCRIBE WHY YOU WISH TO MOVE FROM YOUR PRESENT ACCOMMODATION TO ABBEY MANOR, AND ADD ANY INFORMATION PERTINENT TO YOUR HOUSING NEEDS.

PLEASE NOTE: PETS will be considered only at the discretion of the Board of Directors. Do you own pets?: Yes No
If YES, type: _____

RESIDENCY REQUIREMENTS:

All applicants or their spouse should qualify in ONE of the following residency requirements.

1. Resided in B.C. for 2 years immediately preceding date of application
Applicant Spouse
2. Born in B.C. and a Canadian citizen at the time of application
Applicant Spouse
3. Resided in B.C. for a continuous period of 5 years at any time and Canadian citizen at the time of application
Applicant Spouse

RENT SUBSIDY PROGRAM:

All Abbey Manor rental suites have a market value rent established and subject to annual review. The market value rent is the maximum rent to be charged. However, if applicants and spouses income would make this market value rent a hardship, you may be eligible for rent supplement or reduction.

I understand that this application does not constitute an agreement on the part of the Kaslo & District Senior Citizens Shelter Society to provide me with rental accommodation.

I hereby certify that the information given in this document is true, correct and complete in every respect to the best of my knowledge and can be documented if requested by the Society.

Date: _____ Signature: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY THE SOCIETY IMMEDIATELY OF ANY CHANGES OF ADDRESS OR TELEPHONE NUMBERS. SHOULD A VACANCY ARISE, THE SOCIETY WILL ONLY BE RESPONSIBLE TO CONTACT THE LAST KNOWN ADDRESS OR TELEPHONE NUMBER OF THE APPLICANT.