



APPLICATION FOR HOUSING

Date received in Office: _____

PLEASE PRINT!

A: GENERAL QUESTIONS:

1. Name and Address:

1st person: LAST NAME: _____ FIRST NAME: _____

2nd person: LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

STREET ADDRESS (if different from mailing address): _____

PHONE: HOME _____ WORK _____ MESSAGES _____

2. What are the reasons you want to move from your present housing? (example, too much maintenance, housekeeping, stairs, health issues, too isolated): _____

3. Is there anything about your current house or apartment that is affecting your physical or mental health?
YES ___ NO ___ If yes, please explain: _____

4. How soon are you prepared to move? _____

5. Do you have a pet moving with you? NO _____ YES _____ I have a _____

B: ELIGIBILITY FOR SENIORS SUBSIDIZED HOUSING:

6. **AGE:** 1st person - Are you 55yrs or older now? _____ Or when will you be 55? _____
2nd person - Are you 55yrs or older now? _____ Or when will you be 55? _____

NOTE: INDEPENDENT LIVING: Passmore Lodge is not a health care facility. It is subsidized housing for Seniors who are capable of living independently, without long-term overnight care requirement.

7. Are there health problems or difficulties that would affect your ability to live independently or require some support for you to live independently on a continuing basis? (e.g. problems that would affect your ability to cook, clean, do laundry, drive, shop, or bathe, etc.?) _____

8. What supports do you have in place now (e.g. Home Support services, Meals on Wheels, family help, cleaner, etc). _____

9. What supports if any might you arrange or require help in arranging when you move in: (please check)
 Home Support Meals Cleaning Transportation Laundry other?

10. Are there two other people we can contact who have knowledge of your ability to live on your own (Dr, health care worker, friend, family member?) _____

Mailing Address

3650 Passmore Old Road
Winlaw, B.C.
V0G 2J0

Phone: 250-226-7136

Fax: 250-226-7137

Email: info@svhousing.ca

Website: www.svhousing.ca

Physical Address

3650 Passmore Old Road,
Passmore, B.C.

Name: _____ Their phone #: _____

Name: _____ Their phone #: _____

C: INCOME INFORMATION:

As a project supported by HOME BC and receiving both capital and operating subsidies, we are required to obtain information and verification of your household income, as all apartments are subsidized, some much more than others. This information helps us determine eligibility for apartments available and wait lists. This information assists eligible residents to limit their rent contribution to 30% of gross household income. This information will remain confidential.

11. ASSETS: Please list the current value of all assets held by you and by the members of the household that you will be living with. Asset verification is required (i.e. attach photocopies. Please blank out bank account numbers and SIN numbers).

| | |
|---|-----------|
| Cash/bank balance | \$ |
| Stocks/bonds/term deposits | \$ |
| Assessed value of real estate owned | \$ |
| Other: RRSP, annuities, mortgages, vehicles etc | \$ |
| | \$ |
| | \$ |
| TOTAL ASSETS | \$ |

12. GROSS MONTHLY INCOME: (i.e. before deductions) for all members of your household, from all sources, as of move-in date. Proof of income must be attached, e.g. pay stubs, income tax returns (if you provide income tax returns we request more recent info such as a pay-stub). Applicants may be required to supply credit information at a later date.

| Name of Person | Income Source | MONTHLY Income amount |
|-----------------------------|---------------|-----------------------|
| | | \$ |
| | | \$ |
| Total Monthly Income | | \$ |

13. RESIDENCY CONSIDERATION: To help us assess priority we would like to know if you have, or have had, connections to the Slocan Valley. Please list your addresses starting with the most recent. Landlords may be phoned as a reference.

| Most Recent Address | From: (Mon/Yr) | To: Mon/Yr) | Did you own? | Did you rent? | Landlord's name and phone number |
|---------------------|-------------------|----------------|-----------------|------------------|----------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

14. If the above addresses are not in the Slocan Valley, have you ever lived in the Slocan Valley area? ___ NO ___ YES
When & where? _____

15. Please give us the name and number of a family member of close personal tie who lives in the Valley (if any):

16. If you moved away from the Valley can you please tell us why? _____ health _____ unsuitable housing
Other: _____

17. I understand that this application DOES NOT CONSTITUTE AN AGREEMENT on the part of the Society to provide me with rental accommodation. I hereby certify that the information given in this application is true, correct, and complete in every respect to the best of my knowledge and can be documented, if required by the Society. **I understand that it is my responsibility to advise the Society's office of any changes to the information given above.**

Signature of Applicant: _____ **Date:** _____