



Slocan Valley Housing Society

APPLICATION FOR SENIORS HOUSING

Passmore Lodge (Passmore, BC) _____

Slocan City Suites (Village of Slocan, BC) _____ Both _____

PLEASE PRINT your answers and sign this application. Then send it and your supporting documentation to us by either:

* Scanning everything and emailing it to: housingapplication@svhousing.ca

* Mailing everything to: Housing Application, 3650 Passmore Old Rd, Winlaw BC V0G 2J0.

You may want to keep a copy of what you send us in the mail.

Date received (office use):

A: GENERAL QUESTIONS

1. Name and Address:

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

MAILING ADDRESS: _____ CITY: _____

POSTAL CODE: _____ STREET ADDRESS (if different from mailing address): _____

PHONE: HOME _____ WORK _____ Phone # for MESSAGES _____

EMAIL ADDRESS (If you have one): _____

Are you a Canadian Citizen or permanent Resident? NO YES

Have you resided in BC for the last 6 months? NO YES

Are there two people applying to live in one suite? NO YES

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

Is the 2nd person's contact information the same as the first persons? YES NO

If NO, please fill in the 2nd person's different contact information:

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

STREET ADDRESS (if different from mailing address): _____

PHONE: HOME _____ WORK _____ Phone # for MESSAGES _____

EMAIL ADDRESS (If you have one): _____

Are you a Canadian Citizen or permanent Resident? NO YES

Have you resided in BC for the last 6 months? NO YES

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

3. **Is there anything about your current home that is affecting your physical or mental health?**
 NO YES. 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:

6. **AGE:**
- a. 1st person - Are you 55 yrs or older now? YES NO If no, when will you be 55? _____
- b. 2nd person - Are you 55 yrs or older now? YES NO If no, when will you be 55? _____
7. **DISABILITY:** Would any of the applicants benefit from improvements found in a suite with disability adaptations?
 NO YES (If yes, please explain) _____
8. **Are there health problems or other difficulties that would affect your ability to live independently** or require some support for you to live independently? e.g. problems that would affect your ability to cook, clean, do laundry, drive, shop, or bathe, etc.? NO YES If yes, please explain: _____

9. **What supports do you have in place now** (e.g. Home Support, Meal service, family help, cleaner, etc)

10. **What supports (if any) might you need to arrange when you move in:** (please check)
 Home Support Meals Cleaning Transportation Laundry Other?
11. **Are there two other people who have knowledge of your ability to live on your own and whom you give us permission to talk to regarding your ability to live independently?**
 examples: Dr, health care worker, friend, family...
 Name: _____ Their phone #: _____
 Name: _____ Their phone #: _____

C: INCOME INFORMATION:

This information will remain confidential and will not be used for any other purpose than assessing eligibility for residency with us. [Your application will not be considered until all questions are answered in full and we've received the required supporting income verification.](#)

- 12. 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. Please attach photocopies of verification of your assets (ie. Property assessment).*

Cash/bank balance	\$
Stocks/bonds/term deposits	\$
Assessed value of real estate owned	\$
Mortgage owing?	\$ ()
Other: vehicles, RRSPs, collectibles, etc.	\$
	\$
TOTAL ASSETS	\$

- 13. GROSS MONTHLY INCOME:** Please enter the gross monthly income (before deductions) for all members of your household, from all sources. *Proof of income **must** be attached, (ie. pay stubs, CRA Notice of Assessment, 3 months bank statements) and remember to blank out numbers such as bank account numbers, SIN # etc.* Applicants may be required to supply credit information at a later date.

Name of Person	Income Source	MONTHLY Income
Total Monthly Income		\$

- 14. RESIDENCY CONSIDERATION:** To help us assess priority we would like to know if you have, or have had connections to the Slokan Valley. Please list your addresses starting with the most recent. Landlords may be phoned as a reference. If you have never had a landlord, please give us a character reference who is not a family member.

Town/location of your most recent addresses	From	To	Did you own?	Did you rent?	Landlord's name and phone number
Character Reference Name			-----	-----	Name and phone number

15. If the above addresses are not in the Slocan Valley, have you ever lived in the Slocan Valley area?

NO YES If yes, when & where? _____

16. If you moved away from the Valley, please tell us why? Health Unsuitable housing Other explain _____

17. Please give us the name and phone number of a family member or person who you have a close personal tie with, who lives in the Valley (if any):

18. *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. I understand that it is my responsibility to advise the Society's office of any changes to the information given above INCLUDING A CHANGE TO CONTACT INFORMATION.*

Signature of Applicant _____ Date: _____

Signature of Applicant _____ Date: _____

Thank you for filling out this form.

Please don't forget to send us your income verification along with this application and remember to keep your contact information updated with us so we can reach you when an apartment comes available.