

ELK VALLEY SENIORS HOUSING SOCIETY

APPLICATION FOR HOUSING - LILAC TERRACE

1 APPLICANT INFORMATION

Last Name	First Name

2 CONTACT INFORMATION

Street Address	City	Prov	Postal Code
Mailing address (if different from above)			

Home phone	Message phone

Contact person (optional)	Contact phone

3 HOUSEHOLD INFORMATION

Last name	First name	Relationship (to applicant)	Birthdate (dd/mm/yyyy)	Age	Sex (m/f)
		Self			

4 RESIDENCY HISTORY

Address (Street/City)	Own or rent	From date	To date	Reason for move

Name of Landlord (if applicable)	Telephone Landlord

If you have lived in subsidized housing before, please complete the following

Name and address of development	Reason for leaving

For help completing this form, please contact Lilac Terrace at 250-425-2292

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APPLICATION FOR HOUSING - LILAC TERRACE - CONTINUED

5 INCOME AND ASSET INFORMATION

Please list gross monthly income (before deductions) for everyone in the household

First name	Income source	Gross monthly income
Total gross monthly income for household		\$

Please list the current value of all assets held by the household

Cash/Bank Balance	\$	RRIF's/Annuities	\$
Stocks/Bonds/Term Deposits	\$	Real Estate Owned	\$
Other Assets	\$	Other Real Estate Holdings	\$



proof of income and assets must be submitted with application

6 HEALTH AND MOBILITY INFORMATION

To determine need based on health conditions, please complete the following questions.

Application may be accompanied by a letter from your Doctor or other Health Care Professional

a Do you or any members of your household have restrictions with stairs?

No restrictions
 Unable to manage
 Limited ability

b Do you or any member of your household use a:

Wheelchair
 Scooter
 Walker

If a wheelchair is used, is it used inside your home?

Yes
 No

If yes, is it used in the kitchen?

Yes
 No

If yes, is it used in the bathroom?

Yes
 No

c Can you access and function in all rooms in your current housing?

Yes
 No

If no, please explain:

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APPLICATION FOR HOUSING - LILAC TERRACE - CONTINUED

6 HEALTH AND MOBILITY CONTINUED

d Other than mobility concerns, do you or any member of your household, have a health condition or disability? Yes No

Name of household member	Explain the health condition or disability

How does the health condition or disability described above affect your ability to function in your current housing?
Please explain _____

e Please describe any special requirements or features that you may need in your housing, related to your mobility or health condition:

f Do you currently receive home support for your personal care needs?
 Yes No

If yes, number of hours per week: _____

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APPLICATION FOR HOUSING - LILAC TERRACE - CONTINUED

8 GENERAL INFORMATION

a Does anyone in your household smoke? Yes No

b Do you require a parking space? Yes No

c Do you have any pets? If so please indicate type and breed:

Please note that the society will allow one small dog or one cat. It can be no more than 18 inches tall. You must be willing to sign a Pet Agreement form.

DECLARATION: Please read and sign:

I/We declare that all information provided is correct to the best of my/our knowledge. I/We understand that it is my/our responsibility to notify Elk Valley Seniors Housing of any changes to the information given in this application and to provide any supporting materials required for the application.

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give the Elk Valley Seniors Housing Society my/our consent to make any inquiries that are required to verify the information given in this application, and I/We authorize any person, corporation or social agency to release to the Elk Valley Seniors Housing Society any information pertinent to the assessment of this application. I/We also authorize consent to landlords whom I/We have had dealings with, credit and other information.

I/We understand that a supportive housing environment does not include any form of health care, other than what may be provided through the home support agency, and as such understand that I/We will be required to sign an Exiting Agreement as part of the Tenancy Agreement. I/we also acknowledge that Lilac Terrace is a non-smoking building, and agree to adhere to non-smoking policies.

Signature of Applicant Date

Signature of Applicant Date

OFFICE USE ONLY

Signature of Administrator

Date Received