



# Parkdale Place Housing Society

## APPLICATION FOR ANGUS PLACE

Parkdale Place Housing Society is a non-profit Society whose obligation is to provide affordable housing in Summerland. We offer seniors an opportunity to live in safe and affordable, independent housing. This application form is designed to collect information from applicants seeking affordable housing. The information you supply will be handled in confidence.

QUALIFICATION – you and your spouse must be 55 years of age or older and able to live independently.

(Please complete all requested information)

A. Applicant/s: (List person/s applying for accommodations)

Last name:	First name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Home Phone:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Last name:	First name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Home Phone:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Current address: (include mailing address if different)		Name & Phone of Contact person: (Relative or Friend)		
Husband/Partner		Wife/Partner		
Date of birth:            month / day / year ____ / ____ / ____		Date of birth:            month / day / year ____ / ____ / ____		

B. Accommodation Requested

Number of Bedrooms

1

Yes

2

No

Parking Stall

Yes

No

Storage Locker

Yes

No

C. Residency History: (Please list your address/es for the past two years if different from page 1)

Address	From (date)	To (date)	Name of Landlord	Phone

Do you currently live in B.C. and if so for \_\_\_\_\_ years?

Do you have to sell your home before you can move into Angus Place? Yes  No

D. Current Accommodation:

Do you own:  or rent  → If you rent, it is \$\_\_\_\_\_per month. →

Does your rent include utilities:  yes  no

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Present accommodation is a/an:

apartment       house       duplex       townhouse       basement suite

room & board       manufactured home       living with family       living with friends

other \_\_\_\_\_      Number of bedrooms \_\_\_\_\_

E. Pets:

Do have any household pets:  Yes  no → If yes  cat  dog  other \_\_\_\_\_

Note: Parkdale Place Housing Society has adopted a No Pet Policy

F. Health or Disability Concerns:

Please list all health concerns and/or disabilities:

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H. Power of Attorney:

Parkdale Place Housing Society requires tenants to have a Power of Attorney who will take responsibility for the tenant/s in the event they should become ill or incapacitated.

Power of Attorney Name & Address	Relationship	Phone

I. Declaration:

I/we understand that this application does not constitute any agreement on the part of the Society to provide rental accommodation. I/we hereby certify the information given in this application is true and complete in every respect and I/we can provide confirmation documentation or references if requested by the Society. I/we understand it is my/our responsibility to advise the Society of any changes to the information provided. I/we give my/our consent to the Society to conduct inquiries & check references that are necessary to verify the information provided in this application.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_