



# Parkdale Place Housing Society

**Parkdale Lodge**

Independent Living

**Angus Place**

Independent Living includes Hospitality Package

## APPLICATION FOR SUBSIDIZED ACCOMODATION

Parkdale Place Housing Society is a non-profit society whose obligation is to provide affordable housing in Summerland.

We offer seniors and disabled adults an opportunity to live in safe, independent affordable housing. Parkdale Place Housing Society assesses each applicant's need for housing based on BC Housing eligibility requirements, which includes the applicant's income, health, accommodation suitability, current living conditions and personal requirements. This ensures that priority is given to people with the greatest need.

This application is designed to collect information from applicants who meet BC Housing's eligibility criteria and is not an offer to rent. You will be required to submit three (3) months of current unaltered bank statements and a copy of your most recent government tax assessment with your application. The information you supply will be handled in confidence.

(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 of contact person & Phone: (Relative or Friend)	
Your date of birth:	month   day   year	Spouse's date of birth:	month   day   year	

B. Residency History: (If you rent, please list your address/es for the past two years if different from page 1)

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

How long have you lived in B.C. \_\_\_\_\_ years

Have you previously lived in subsidized housing: Yes  No

Do you currently live in subsidized housing: Yes  No

If yes, where & name of development: \_\_\_\_\_

When: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

C. Preferred Location & type of accommodation: (please check one or both if applicable)

Parkdale Lodge

Angus Place

D. Financial Information:

First Name	Source (C.P.P., Old Age, Pensions, Annuity, Employment, Other)	Gross monthly amount (\$)

E. Assets:

Cash & Bank Balance	\$	Stocks/Bonds/ Term Deposits/ R.I.F. Other	\$	Value of Real Estate	\$

F. Current Accommodation:

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

Does your rent include utilities:  yes  no → What is your average utility cost \$\_\_\_\_\_per month

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Present accommodation is a/an:

apartment       house       duplex       townhouse       basement suite

room & board       mobile home       living with family       living with friends

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

G. Pets

Do you have any household pets: Yes  No  → → → If yes  cat  dog  other

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

H. Personal Health or Disability Information

Please list all health concerns and or disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Parkdale Place Housing Society has a no smoking tenancy requirement

Do you smoke: yes  no

Do you have any difficulties with mobility: yes  no

If yes, please explain \_\_\_\_\_

Do you drive: yes  no

If no, do you have friends or family who can drive you: yes  no

Have you been in the hospital in the past year: yes  no

Do you need help with:

meals yes  no  medications yes  no

grocery shopping yes  no  transportation yes  no

laundry/linens yes  no  house keeping yes  no

bathing yes  no  using telephone yes  no

Are you physically active: yes  no

What activities do you enjoy (swimming, exercise class, art class, etc.) \_\_\_\_\_

Do you use any aids for mobility: yes  no

If yes:  scooter  walker  cane  wheelchair  other \_\_\_\_\_

Are you experiencing any memory loss: yes  no

If yes, please explain: \_\_\_\_\_

I. Notice and ability to move:

If you rent, how much notice must you give your landlord: _____ days		
If you own, must you sell your home before you can move:	yes <input type="checkbox"/>	no <input type="checkbox"/>
Are you ready to move if you are informed that there is accommodation available:	yes <input type="checkbox"/>	no <input type="checkbox"/>
Do you have assistance to help you move:	yes <input type="checkbox"/>	no <input type="checkbox"/>

J. Power of Attorney:

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

Power of Attorney Name & Address	Relationship	Phone

K. Personal Information Release 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, if requested by Parkdale Place Housing Society or BC Housing. I/we understand it is my/our responsibility to advise Parkdale Place Housing Society of any changes to the information provided. I/we give my/our consent to Parkdale Place Housing Society or BC Housing to conduct inquiries that are necessary to verify the information provided in this application and I/we authorize any person, corporation or agency to release to Parkdale Place Housing Society or BC Housing any information pertinent to the assessment of my/our application.

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

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