

☐ Parkdale Lodge Independent Living	
□ Angus Place	
Independent Living inclu	ides Hospitality Packag

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)

	117 5					
Last name:	First name:		Mr.		Miss 🖵	Home Phone:
			Mrs.		Ms. □	
Last name:	First name:		Mr.		Miss 🗖	Home Phone:
			Mrs.		Ms. □	
Current address: (include maili	ng address if different)		Name of contact person & Phone:			
					(Relative or Friend)	
Your date of birth:	nonth day year	Spouse's	s date	of bi	rth: month	n day year

Address	rent, please ils	From (date)	To (date)	Name of Landlord	Landlord Phone
Addiess		1 Tom (date)	TO (date)	Name of Landiold	Landiold Flione
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 dev	/elopment: _				_
When: From (date)					
· /					_
C. Preferred Location & type	e of accomm	odation: (please o	check one or bo	oth if applicable)	
71	e Lodge □	u		gus Place □	
D. Financial Information:					
First Name	Source	e (C.P.P., Old Age	, Pensions, Anr	nuity, Employment, Other)	Gross monthly
					amount (\$)
E. Assets:	1		T.		
Cash & Bank \$ Balance		s/Bonds/ Deposits/ R.I.F.	\$	Value of Real Estate	\$
	Other	•			
F. Current Accommodation:					
Do you own: ☐ or rent ☐		→	If you re	nt, it is \$per moi	nth
Does your rent include utilities: ☐ yes ☐ no → What is your average utility cost \$per month					
Bood your form morado demicos	. _ yoo _ no	y what is y		μιγ οσοι ψροι πιο	
Present accommodation is a/a	nn:				
☐ apartment ☐ ho	ouse	☐ duplex	☐ townho	use)
□ room & board □ mobile home □ living with family □ living with friends					
□ other Number of bedrooms					

G. Pets							
Do you have any household pe	Yes No ets: □	□ →	→	→ I	f yes □ cat	dog	☐ other
No.	ote: Parkdal	e Place Hou	ısina Socie	tv has ado	pted a <u>No Pe</u>	t Policy	
	, and an	0 1 1000 1100	20119 00010	ty nao aao	ptou u <u>110 1 0</u>	t i onoy	
H. Personal Health or Disab	ility Informa	ition					
Please list all health concerns	and or disab	ilities:					
Note: D	orkdolo Dlac	oo Uouoina	Society has		kina tananay	roquiroma	.nt
Note: Pa	arkdale Plad	ce nousing	Society nas	s a <u>no smo</u>	<u>king</u> tenancy	requireme	ent
Do you smoke:			yes 🗖	no 🗖			
Do you have any difficulties with	th mobility:		yes 🗖	no 🗖			
If yes, please explain							_
Do you drive:			yes 🗖	no 🗖			
If no, do you have friends or fa	mily who car	n drive you:	yes 🗖	no 🗖			
Have you been in the hospital	in the past y	ear:	yes 🖵	no 🗖			
Do you need help with:							
meals	yes 🗖	no 🗖	medica	tions	yes 🗖	no 🗖	
grocery shopping	yes 🗖	no 🗖	transpo	rtation	yes 🖵	no 🖵	
laundry/linens	yes 🖵	no 🗖	house	keeping	yes 🖵	no 🗖	
bathing	yes 🗖	no 🖵	using to	elephone	yes 🖵	no 🗖	
Are you physically active:		yes 🗖	no 🖵				
What activities do you enjoy (s	wimming, ex	ercise class	, art class, e	tc.)			
Do you use any aids for mobili	ty:	yes 🗖	no 🗖				
If yes: ☐ scooter ☐	walker	☐ cane 〔	□ wheelcha	ir 🖵 ot	her		
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 If you own, must you sell your home befor		voo 🗖	no 🗆
Are you ready to move if you are informed	yes □ yes □	no □ no □	
Do you have assistance to help you move	yes □ yes □	no 🗖	
Do you have assistance to help you move	•	yes 🛥	110 🖪
J. Power of Attorney:			
Parkdale Place Housing Society requir	res tenants to have a Power of Attorn	ey who will to	ake responsibility for the
tenant in the event they should become	e ill or incapacitated.		
·	·		
Power of Attorney Name & Address	Relationship		Phone
K. Personal Information Release Decla	aration:		
I/we understand that this application of accommodation. I/we hereby certify the and I/we can provide confirmation does I/we understand it is my/our responsinformation provided. I/we give my/oinquiries that are necessary to verify corporation or agency to release to Parassessment of my/our application.	the information given in this applicate cumentation, if requested by Parkdausibility to advise Parkdale Place I our consent to Parkdale Place Houthe information provided in this ap	ion is true and le Place Houdon Society opening Society option and another true and the second society optication and the second society optic	nd complete in every respect using Society or BC Housing. Siety of any changes to the y or BC Housing to conduct of I/we authorize any person,
Signature of applicant	Date	·	
Signature of applicant	Date)	