



PARKDALE PLACE HOUSING SOCIETY

100 – 9302 Angus Street
 Summerland, B.C. V0H 1Z5
 Phone: 250 494-1161 Fax: 250 494-1137



PARKDALE MANOR APPLICATION FOR ACCOMMODATION

Parkdale Place Housing Society is a Non-Profit Society whose mandate is to provide affordable seniors' housing in Summerland and District. We offer seniors and handicapped adults an opportunity to live in safe and affordable, independent and supported-living housing. This application form is designed to collect information from applicants seeking affordable supported housing to determine suitability. The information you supply will be handled in confidence.

QUALIFICATION – you and your spouse must be 55 years+ and able to live independently.

(Please print or write clearly and complete all applicable sections)

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

Applicant last name:	Applicant first name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Applicant home Ph:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Co-applicant last name:	Co-applicant first name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Co-applicant home Ph:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Ph:
Current address: (include mailing address if different)			Name & Phone # of contact person: (relative, friend or message)	
Applicant date of birth:	month / day / year	Co-applicant date of birth:	month / day / year	

B. Accommodation request:	1	2	Studio
Number of Bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	
Parking Stall	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Additional Storage	<input type="checkbox"/>	<input type="checkbox"/>	

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

Address	From (date)	To (date)	Name of Landlord	Landlord Ph:



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Parkdale Place Housing Society

D. Current Accommodation:

Present accommodation is a/an: *(please check which applies)*

- apartment house duplex townhouse basement suite
 room & board manufactured home living with family living with friends
 other _____ Number of bedrooms _____

Do you own? or rent?

If you rent, please go to the next section.

If you own, do you have to sell your home before you can move into Angus Place? Yes No

Please proceed to section E

If you rent, what do you pay per month? \$ _____

Does your rent include utilities? yes no If yes, how much are utilities per month? \$ _____

E. Pets – ***please note Parkdale Manor is a no-pet facility***

If you have a pet, is there someone who can take it for you? Yes No

F. Health or disability issues

Please list all ailments or disabilities:

Do you smoke? ***please note Parkdale Manor is a no smoking facility*** 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

If no, do you have other means of transportation? Yes No

Have you been in the hospital in the past year? Yes No

If yes, please explain _____



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Do you need assistance with:

meals <input type="checkbox"/>	medications <input type="checkbox"/>
grocery shopping <input type="checkbox"/>	transportation <input type="checkbox"/>
laundry/linens <input type="checkbox"/>	house keeping <input type="checkbox"/>
bathing <input type="checkbox"/>	using telephone <input type="checkbox"/>

Do you try to be physically active? Yes No

If yes, what activities do you do regularly? (swimming, exercise class, etc.) _____

Do you use any aids for mobility? Yes No

If yes, which do you use? scooter walker cane wheelchair other _____

Have you noticed any short-term memory loss? Yes No

What is the extent and frequency of your memory loss? (keys, appointments, etc.) _____

G. Notice and to ability move:

If you rent, how much notice must you give your landlord? _____ days

Are you ready to move if accommodation becomes available? Yes No

Do you have help to move? (friends or family) Yes No

H. Sponsor, Relatives, Representation Agreement and Power of Attorney living in the area:

Please note, Parkdale Place Housing Society requires tenants to have a sponsor or someone who will take responsibility for the resident in the event they should become ill or incapacitated, or no longer able to look after their own affairs. The Sponsor/s will have to agree to the terms, sign a "Sponsor Agreement" and should be available in the event of an emergency. Sponsorship is *not* a financial obligation.

Do you have a designated Power of Attorney? Yes No

Do you have a designate for a Representation Agreement? Yes No

If yes, please provide a copy of the document. Attached? Yes No

Name:	Sponsor or Power of Attorney?	Contact phone #



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I. Declaration:

This application does not constitute an agreement on the part of the Society to provide rental accommodation. I/we hereby certify the information given is true and complete in every respect and I/we can provide confirmation documentation 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 any necessary inquiries to verify this information and contact references provided.

Signature of applicant _____ Date _____

Signature of co-applicant _____ Date _____