



PARKDALE PLACE HOUSING SOCIETY

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

Non-Subsidized



APPLICATION FOR ANGUS PLACE SUPPORTIVE LIVING RESIDENCE

Parkdale Place Housing Society is a non-profit Society whose mandate is to provide affordable housing in Summerland and District. We offer seniors and disabled adults who have a low to moderate income 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. 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 or you must be a disabled adult.

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

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

Last name:	First name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Home Ph:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Last name:	First name:	Mr. <input type="checkbox"/>	Miss <input type="checkbox"/>	Home Ph:
		Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Current address: (include mailing address if different)		Name & Ph:# of contact person: (relative, friend or message)		
Husband/Partner		Wife/Partner		
Date of birth:	month / day / year ____/____/____	Date of birth:	month / day / year ____/____/____	



APPLICATION FOR ACCOMMODATION

Parkdale Place Housing Society

(PLEASE PRINT OR WRITE CLEARLY)

B. Accommodation request:	1	2
Number of Bedrooms	<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 page 1)

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

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: <input type="checkbox"/> or rent <input type="checkbox"/> → If you rent, it is \$_____per month. →
Does your rent include utilities: <input type="checkbox"/> yes <input type="checkbox"/> no
Present accommodation is a/an:
<input type="checkbox"/> apartment <input type="checkbox"/> house <input type="checkbox"/> duplex <input type="checkbox"/> townhouse <input type="checkbox"/> basement suite
<input type="checkbox"/> room & board <input type="checkbox"/> manufactured home <input type="checkbox"/> living with family <input type="checkbox"/> living with friends
<input type="checkbox"/> other _____ Number of bedrooms _____

E. Pets – pets are allowed only in the first floor units.

Do have any household pets: <input type="checkbox"/> Yes no <input type="checkbox"/> → If yes <input type="checkbox"/> cat <input type="checkbox"/> dog <input type="checkbox"/> other _____ how many _____
Note: Parkdale Place has adopted a <u>No Pet Policy</u> – no pets allowed



APPLICATION FOR ACCOMMODATION

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(PLEASE PRINT OR WRITE CLEARLY)

G. Notice and to ability 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 help to move (friends or family):	yes <input type="checkbox"/>	no <input type="checkbox"/>

H. Note; Parkdale Place Housing Soc. requires tenants to have a sponsor or power of attorney who will take responsibility for the tenant in the event they should become ill or incapacitated. That designated person will be required to sign a “sponsor agreement” and should be available in the event of an emergency.

Sponsor/s Name & address	Relationship (power of attorney, representation agreement appointee, relative etc.)	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 _____