

## Application for Housing

Mr. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name  
 Mrs. \_\_\_\_\_  
day/month/year

Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name of Spouse First Name  
day/month/year

Present Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_ Length of Residence in BC: \_\_\_\_\_

Do you Own or Rent your present Residence? Present Rent: \_\_\_\_\_

Please list a local family member or other person we could contact in case we are unable to contact you: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to contact person: \_\_\_\_\_

Which Building would you like to live in?	What size Suite do you need?	<input type="radio"/>	Where do you live now?	<input type="radio"/>
<b>Kiwanis Lynn Manor</b> 2555 Whiteley Ct North Vancouver	Studio Suite (1 person)	<input type="checkbox"/>	Apartment	<input type="checkbox"/>
	1 Bedroom Suite (1 person)	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
	1 Bedroom Suite (2 people)	<input type="checkbox"/>	House	<input type="checkbox"/>
<b>Kiwanis Tower</b> 170 West 2 <sup>nd</sup> St North Vancouver	Studio Suite (1 person)	<input type="checkbox"/>	With Family	<input type="checkbox"/>
	1 Bedroom Suite (1 person)	<input type="checkbox"/>	Basement Suite	<input type="checkbox"/>
	1 Bedroom Suite (2 people)	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Kiwanis Carneby Place</b> 1215 St George Ave North Vancouver	Studio Suite (1 person)	<input type="checkbox"/>	Specify:	<input type="checkbox"/>
	1 Bedroom Suite (1 or 2 people)	<input type="checkbox"/>	Do you own a car?	<input type="checkbox"/>
	1 Bedroom Suite (1 or 2 people)	<input type="checkbox"/>		<input type="checkbox"/>

Present Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Places of Residence(5 years):

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/year month/year

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/year month/year

3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Please state any major disability: \_\_\_\_\_

Are you presently receiving Home Support, Meals on Wheels, or delivered meals? \_\_\_\_\_

Would you be interested in a weekly Housekeeping Service? \_\_\_\_\_

(Please complete reverse)

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note:** In order to establish your eligibility for social housing, please provide the information listed below. Application will be rejected if not fully and honestly disclosed.

**Monthly Income** (Do not include interest)

	<b><u>Self</u></b>		<b><u>Spouse (If Applicable)</u></b>
Old Age Security Pension & Supplement	\$	Old Age Security Pension & Supplement	\$
Canada Pension	\$	Canada Pension	\$
Gain	\$	Gain	\$
War Veterans Allowance	\$	War Veterans Allowance	\$
Company Pension	\$	Company Pension	\$
Other Pensions & Annuities	\$	Other Pensions & Annuities	\$
<b>Total Monthly Income \$</b>			

**Assets:**

<i>Chequing Balance</i>	\$	<i>Real Estate (Asses. Value)</i>	\$
<i>Savings balance</i>	\$	<i>Mortgage</i>	\$
<i>Stocks, bonds, etc</i>	\$	<i>Term Deposits</i>	\$
<i>RRSP/RIF</i>	\$	<i>Other Assets (Specify)</i>	\$
<b>Total Assets</b>	\$		\$

**Statement:** (to be read by the applicant)

**I hereby authorize Kiwanis Senior Citizens Homes Ltd. to obtain any information required concerning the above statements and application hereon, and any other information required and I hereby affirm that the information given is true, correct, and complete.**

Dated the \_\_\_ day of \_\_\_\_\_, 200\_\_ Signed: \_\_\_\_\_

<i>Office Use only:</i>	Date:	Comments
<i>Contact:</i>		

Date of Occupancy: \_\_\_\_\_ Building \_\_\_\_\_ Suite: \_\_\_\_\_