

APPLICATION FOR RESIDENCY



38201 AND 38209 THIRD AVENUE, 21-38201 Third Avenue, SQUAMISH BC V8B 0C5
PHONE: 604-892-3311 sschs72@telus.net Contact: The Administrator

PERSONAL INFORMATION:

NAME (1) _____

BIRTHDATE: _____ SIN _____

NAME (2) _____

BIRTHDATE: _____ SIN _____

PRESENT ADDRESS: _____

PHONE NO.: _____

INCOME & ASSETS

Old Age Security Pension \$ _____

Guaranteed Income Supplement \$ _____

Gain \$ _____

Canada Pension Plan \$ _____

Other: \$ _____

Total Monthly Income \$ _____

ASSETS

Real Estate Owned (Approx Value) \$ _____

Bonds/Term Deposits \$ _____

Cash on Deposit \$ _____

Other: \$ _____

Total Value of Assets: \$ _____

FOR OFFICE USE ONLY

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MEDICAL HISTORY

Please check:

SMOKER _____ **NON-SMOKER** _____

Present Medical History:

Medication currently taking:

_____.

DOCTORS' NAME: _____

Phone No: _____ Address: _____

Are there any physical or mobility problems that may affect your housing requirements? Please specify _____

RESIDENCY REQUIREMENTS:

All APPLICANTS OR THEIR SPOUSE *must* qualify in **ONE OF THE FOLLOWING RESIDENCY requirements.**

- A) Residents of British Columbia for **ONE YEAR** proceeding date of application.
Please check if applicable APPLICANT _____ SPOUSE _____
- B) Born in the Province of British Columbia and a **CANADIAN RESIDENT AT THE TIME** of application.
Please check if applicable APPLICANT _____ SPOUSE _____
- C) Resident of British Columbia for a continuous period of at least **FIVE YEARS** at any time and a Canadian citizen at time of application.
Please check if applicable APPLICANT _____ SPOUSE _____
- D) **Resident of Squamish** APPLICANT _____ SPOUSE _____

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UNIT REQUIREMENT:

Please check your preference for either the:

Squamish Manor (3-storey) One bedroom _____ Bachelor _____

Cedars (one-level cottage) One bedroom _____ Bachelor _____

Please state your reasons for Applying for Residency at the
Squamish Senior Citizens Home Society:

PRESENT ACCOMMODATION:

Name of present Landlord: _____

Phone No: _____

Monthly Rent: _____

Length of Time at present address: _____

Length of Time in Squamish: _____

NEXT OF KIN (CONTACT NUMBERS)

Please complete the information below. All Applicants PLEASE LIST family contact numbers and emergency contact phone numbers:

(1)

NAME OF RELATION: _____

Relationship to Applicant: _____

ADDRESS: _____

PHONE NO.: _____

(2)

NAME OF RELATION: _____

Relationship to Applicant: _____

ADDRESS: _____

PHONE NO.: _____

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Reference from previous Landlord :

1. Name:

Phone number / email contact:

Character Reference:

1. Name:

Phone number / email contact:

*** Please note that this application does not guarantee you will be offered housing. Residency is subject to reference checks and screening.*

Please notify the **Squamish Senior Citizens Home Society** of any changes in address/ phone numbers. All information will be kept confidential as per The Personal Information Privacy Act, and as per Policy and Guidelines of the **Squamish Senior Citizens Home Society**.

All applications **must be COMPLETED AND SIGNED**

This Application does not constitute an **AGREEMENT FOR RESIDENCY**.

I HEREBY certify that the information given by me in this APPLICATION TO BE TRUE, CORRECT AND COMPLETE in every respect, and can be documented, if required by the **Squamish Senior Citizens Home Society**.

SIGNED: _____

DATE: _____

Thank you for your application to the

SQUAMISH SENIOR CITIZENS HOME SOCIETY