

MISSION & DISTRICT SENIOR CITIZEN'S HOUSING ASSOCIATION

APPLICATION FORM

**Property Manager
C/O THE CEDARS
7380 HURD ST,
MISSION BC V2V 3H5
PH: 604 556-8020
FAX: 604 556-8020**

Access to the information provided on this form will be restricted to individuals holding a position of trust within this association.

Date of Application: _____

ELIGIBILITY

Each applicant is required to:

1. Be at least 55 years of age
2. Have been a BC resident for the past year
3. Be able to live independently in an apartment
4. Clear a Criminal Record Check

Provide when applying:

1. A current medical report
2. A completed "gross income declaration"
3. 2 references (other than family members) including current landlord

Present at interview:

1. 2 pieces of ID
2. Last year's income **tax submission – T1 General Form**

PERSONAL DATA

Applicant's Full Name: _____

Date of Birth: _____ Telephone: _____

Address: _____

DVA Client # _____

Two Landlord References:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

QUESTIONNAIRE

1. How long have you lived in BC? _____ In Mission? _____
 2. How long have you lived at your current address? _____
 3. Do you have a pet? No Yes Type _____
 4. Do you own a car? No Yes
 5. Do you receive any of the following service? (circle appropriate choice)
Homemaker Meals Nursing Other Support Services None
 6. Do you use a mobility aide? No Yes Type _____
 7. Where are you living? (eg: house, hotel) _____
 8. Why do you wish to move? _____
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GROSS ANNUAL INCOME DECLARATION

All sources of gross income must be reported. If there is more than one applicant, the combined incomes must be declared. A copy of the T1 General form from last year's income tax submission is required from each applicant.

Name: _____ S.I.N. _____

Old Age Security: \$ _____

DVA: \$ _____

Canada Pension \$ _____

GIS: \$ _____

Income Assistance \$ _____

Superannuation \$ _____

Total: \$ _____

I hereby certify that the information I have provided on this form is correct.

Signature: _____ Date: _____

MISSION AND DISTRICT SENIOR CITIZEN'S HOUSING ASSOCIATION

MEDICAL REPORT

I AUTHORIZE Dr. _____ to provide the Mission and District Senior Citizen's Housing Association with the information requested on this form.

Patient's Signature: _____ Date: _____

Birthdate: _____

This report is being requested to assist our Selection Committee in determining an applicant's ability to live at Welton Towers without endangering their health and safety or that of other tenants.

This apartment complex is an eight storey building where no personal care is provided. Therefore, tenants must be responsible for their own daily needs and be able to manage stairs or at least access the stairwell independently in the event of an emergency.

CURRENT HEALTH STATUS

Is your patient:

1. Able to prepare meals? No Yes COMMENT BELOW
2. In need of community support services? No Yes COMMENT BELOW
3. Dependent upon a mobility aide? No Yes COMMENT BELOW
4. Able to negotiate stairs? No Yes COMMENT BELOW
5. Able to shop alone? No Yes COMMENT BELOW
6. Able to be responsible for their medication? No Yes COMMENT BELOW
7. Able to make good decisions in an emergency? No Yes COMMENT BELOW

COMMENTS: _____

In summary, do you consider residence at Welton Towers to be appropriate for your patient? No Yes

DR'S SIGNATURE: _____ TELEPHONE: _____

PLEASE DIRECT THIS COMPLETED FORM TO: **Tenant Services Manager, MDSCHA c/o 7380 Hurd Street, Mission, BC, V2V 3H5**