



MISSION ASSOCIATION FOR SENIORS HOUSING
7380 HURD STREET, MISSION, BC V2V 3H5

Assisted Living and Supportive Housing

TENANCY APPLICATION FORM

Date: _____

Private rent suites

Name of Applicant: _____

Address: _____

Telephone: _____ Birth date: _____

Doctor: _____ Phone Number: _____

Please check one: [] One bedroom [] Two bedroom [] Wheelchair Accessible Suite

General Information:

The information you are providing is your current status at the time of application. You will be asked to update this information when a suite becomes available and is being considered for you.

1. Current Living Arrangements:

- [] Own home [] Living with Family or Others [] Mobile Home
[] Apartment or Condo [] Supportive Housing Facility
[] Other: _____

2. Transportation (please check as many as apply):

- [] Drive Own Vehicle [] Use Scooter [] Public Transportation
[] Rely on Others for Transportation

3. General Health and Assistance Needs:

From your perspective, your general health is now:

- [] Excellent [] Good [] Poor

Assistance Needed Now (please check one):

Table with columns: NEVER, SOMETIMES, ALWAYS, Assistance Provided by: and rows: Meal Preparation, Cleaning, Laundry, Shopping, Banking.

Mobility (please check one): [] Walking Independent [] Walking Independent with aids/assistance

Describe aids used if needed: _____

Are you able to manage stairs: [] Yes [] No

In the past six months have you experienced a fall: [] Yes [] No

In the past six months have you experienced confusion or become lost on a walk or outing:
 Yes No

Personal Care – Current (please check one):

Dressing: Independent Minimal Assistance
Assistance provided by whom: _____

Eating: Independent Minimal Assistance
Assistance provided by whom: _____

Bathing: Independent Minimal Assistance
Assistance provided by whom: _____

Medications: Independent Minimal Assistance
Assistance provided by whom: _____

Do you sometimes forget to take your medications: Yes No

Compliance packaging (blister packaging): Yes No

Notes: _____

Name of your Pharmacy: _____

How do you receive your medications: _____

4. BC Health Care Services and Plan:

Has a Home Health Care Case Manager (Fraser Health Authority) completed a ‘Needs Assessment’:
 Yes No

If yes, do you receive services from Home Health Care now: Yes No

If yes, how many hours per week: _____

Are you on a waiting list for Assisted Living/Supportive Housing: Yes No

Please provide any additional information that should be known prior to further assessment and eligibility review:

Are you moving from a residence or building that has been infested by bed bugs or silver fish:
 Yes No

It is understood and agreed that:

1. Mission Association for Seniors Housing considers all information that you provide as confidential and will use it only for purposes of this application.
2. This application does not obligate you or Mission Association for Seniors Housing in any way.
3. If you are being considered for tenancy and meet the eligibility criteria for one of the Society’s private market rent suites, the Society will need to request medical and financial information for verification purposes.
4. A thorough review of information in this application along with updates in your health status and an interview will precede a final decision regarding tenancy.
5. When a final decision regarding eligibility has been made, the applicant and The Cedars Tenant Services Manager will meet to review and sign the Tenancy Agreement.

6. This information may be disqualified if it is found to contain inaccurate or false information.

Signed the _____ day of _____, 20__.

Applicant

Mission Association for Seniors Housing Representative