

**MISSION & DISTRICT SENIOR CITIZEN'S HOUSING ASSOCIATION**

**APPLICATION FORM**

**Property Manager  
C/O THE CEDARS  
7380 HURD ST,  
MISSION BC V2V 3H5  
PH: 604-826-2194  
FAX: 604-826-2102**

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? \_\_\_\_\_
- 

## 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: **Denys Scully, MDSCHA c/o 7380 Hurd Street, Mission, BC, V2V 3H9**