



## Application for Accommodation Seniors Housing

Please complete the entire application and return to  
765 Tranquille Road, Kamloops, BC V2B 3J3 or fax to 250-376-3040

### A. Applicants: (Person(s) applying for accommodation)

Last Name:	First Name:	Mr. Mrs.	Miss Ms.	Home Phone:
Last Name:	First Name:	Mr. Mrs.	Miss Ms.	Work Phone:
Address: suite, number, street, city, province, postal code (include mailing address if different)				Message Phone:

### B. Household Composition: (List all people who will be living in the household)

Full Name (surname first)	Date of Birth	Age	Sex	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1.						
2.						

Do you expect the number of people in your family to change in the next 12 months (pregnancy, family joining, family leaving)?

Check if Yes. Please explain: \_\_\_\_\_

### C. Employment/Financial Information (Please state the amounts)

Are you presently employed?     Yes     No

Nature of Employment: \_\_\_\_\_

#### Total Monthly Income (in dollars)

Employment Income: \_\_\_\_\_  
 Old Age Security & Supplements: \_\_\_\_\_  
 Canada Pension Plan: \_\_\_\_\_  
 Superannuation/Pension: \_\_\_\_\_  
 Guaranteed Income Supplement: \_\_\_\_\_  
 GAIN: \_\_\_\_\_

#### Net Worth (in dollars)

Available Cash: \_\_\_\_\_  
 Stocks/Bonds: \_\_\_\_\_  
 Property/Real Estate: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_

GAIN for disabled: \_\_\_\_\_  
 Disability Pension: \_\_\_\_\_  
 Spouse's Allowance: \_\_\_\_\_  
 War Veteran's Allowance: \_\_\_\_\_  
 Pension (war service): \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Total: \_\_\_\_\_

**D. References:** (Name, address, telephone, relationship and time known)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**DECLARATION:** Please read and sign this statement. Please note that "We" is understood if there is more than one applicant.

I/we understand that this application does not mean *Interior Community Services* will provide me/us with housing. I/we confirm that the information in this application is true, correct and complete. I/we agree to advise *Interior Community Services* of any changes to the information in this application and to provide any supporting materials needed for my application.

I/we understand that this application can be kept on file for up to one year provided I/we maintain contact with *Interior Community Services*, updating information as need be and/or expressing a continued interest in housing. I/we understand that this application will be considered inactive if information is not updated at least every year.

Pursuant to the Freedom of Information and Protection of Privacy Act and the Personal Information Protection Act, I/we give *Interior Community Services* my/our consent to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation or social agency to release to *Interior Community Services* any information pertinent to the assessment of my/our application. I/we understand that this application may be shared with other housing providers.

In making this application for accommodation, we understand that no nursing care etc., will be available and if my health or that of my spouse becomes such that nursing care is needed, then I/we may be required to move out of the Senior Citizens Housing Project. This application does not constitute any agreements to provide rental accommodation.

Signature of Applicant	Date Signed
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