

# APPLICATION FOR ACCOMODATION

ACCEPT: \_\_\_\_\_

## WILLOW POINT SUPPORTIVE LIVING SOCIETY

Suite #100-142 Larwood Road  
Campbell River, BC, V9W 1S2

Phone (250) 923-4824

Fax (250) 923-4818

DATE: \_\_\_\_\_

UNIT: \_\_\_\_\_

Off.Initials \_\_\_\_\_

Applicant SURNAME (PLEASE PRINT) Mr./Mrs./Miss./Ms. GIVEN NAME(S) PHONE NUMBER

HOUSEHOLD COMPOSITION: List yourself on line 1, then other persons who will be living with you.

FULL NAME -SURNAME FIRST	BIRTHDATE	SEX M/F	RELATIONSHIP
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____

DISABILITY/HEALTH PROBLEMS: List on the lines below, any member of your household with any problems.

NAME	WHEELCHAIR	TYPE OF DISABILITY/HEALTH PROBLEM
1.) _____	YES or NO	_____
2.) _____	YES or NO	_____

RESIDENCY HISTORY: Please list your address(es) and contact names for the past two years.

ADDRESS	FROM	PHONE #	NAME OF LANDLORD	LANDLORD PH #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTACTS: (someone we can contact you through)

NAME	PHONE NUMBER
1.) _____	_____
2.) _____	_____

## RENT SUPPLEMENT PROGRAM:

The Shelter Aid for Elderly Renters (SAFER) program helps make rents affordable for BC seniors with low to moderate incomes. SAFER provides monthly cash payments to subsidize rents for eligible BC residents who are age 60 or over and who pay rent for their homes.

An application form may be picked up at the Service BC location at 115 - 1180 Ironwood Road, Campbell River, BC V9W 5P7.

PRESENT ACCOMODATION: Please describe your present accomodation as completely as possible by checking and completing the information below.

- 1.) Apartment
- 2.) House/Duplex/Townhouse/Condo/Mobile Home
- 3.) Suite
- 4.) Housekeeping Room
- 5.) Room & Board
- 6.) Living with family or friends
- 7.) Hotel/Motel
- 8.) Other \_\_\_\_\_

1.) IS YOUR INCOME:

Under \$20,000/year? \_\_\_\_\_ Over \$30,000/year? \_\_\_\_\_

3.) PLEASE STATE:

Current Rent: \_\_\_\_\_ Average Monthly Utilities: \_\_\_\_\_

4.) DO YOU: 1.) Rent \_\_\_\_\_

2.) Own \_\_\_\_\_

3.) Share Expenses \_\_\_\_\_

4.) Have Free Accomodation \_\_\_\_\_

5.) Co-op \_\_\_\_\_

5.) DOES YOUR RENT INCLUDE:

Heat: YES or NO

Electricity: YES or NO

6.) DO YOU HAVE ANY HOUSEHOLD PETS?

YES or NO

IF YES PLEASE SPECIFY: \_\_\_\_\_

7.) HAVE YOU BEEN SMOKE FREE FOR SIX MONTHS?

YES or NO

(This is a "No-Smoking on the Property" facility)

8.) WHY DO YOU WISH TO MOVE? (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9.) PREFERENCE:

- 1 Bedroom: \$600.00 (includes heat and water)
- 2 Bedroom: \$700.00 (includes heat and water)
- 2 Bedroom Patio Home \$750.00  
(plus utilities, about \$125/month)

PREFERED LOCATION:

(When your turn comes, you will be called about whatever suite is available. You have the option of refusing that particular suite without losing your place on the list.)

- Wheelchair Accessible Suite
- First Floor
- Second Floor
- Third Floor
- Patio Home

APPLICANT SIGNATURE: Please read and sign the statement.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT ON THE PART OF THE SOCIETY TO PROVIDE ME WITH RENTAL ACCOMMODATION. I THEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE IN EVERY RESPECT TO THE BEST OF MY KNOWLEDGE AND CAN BE DOCUMENTED AND VERIFIED, IF SO REQUIRED BY THE SOCIETY. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ADVISE THE SOCIETY OF ANY CHANGES TO THE INFORMATION GIVEN ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_