

Evangel Senior Citizens Society

Application for Accommodation - Evangel Senior Apartments

1439 Bertram Street, Kelowna, BC V1Y 2G3 Phone: (250) 762-6225 Fax: (778) 381-7378

A. Applicant(s):

Applicant #1 Last Name	First Name	Mr. Miss Mrs. Ms.	Home Phone
Applicant #2 Last Name	First Name	Mr. Miss Mrs. Ms.	Work Phone
Address: suite, house number, street, city, province, postal code (include mailing address if different)			Message Phone
Email Address			

B. Household Composition: List yourself on line 1, then list all other persons in your household who will be living with you.

Full Name (last name first)	Birth Date d/m/y	Age	Sex	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1				Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Check if yes. Please explain: _____

C. Residency History:

How many years have you lived in Canada? _____ years

Are you currently under sponsorship? Yes No If yes, sponsored by: _____

(Please list your address(es) for the past 2 years. Use a separate sheet if required)

Address	From Date	To Date	Name of Landlord	Landlord Phone No.
Above Address		Present		

D. Income Information: (List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources.)

First Name	Source (i.e. employment, EI, pensions, income assistance, etc.)	Gross Monthly Income (\$)
1		
2		
3		
4		
5		
6		
Total Gross Monthly Income for Household		\$

E. Current Accommodation:

Please state:
 Your current monthly rent \$ _____ Does your rent include heat? Yes No

Describe your current accommodation:
 1. Apartment 2. House/Duplex/Townhouse 3. Housekeeping Room 4. Basement Suite
 5. Room & Board 6. Trailer 7. Living with Family/Friends 8. Hotel/Motel
 9. Other (please explain): _____

How many bedrooms do you have now? _____

Do you:
 1. Rent 2. Own 3. Share Expenses 4. Have Free Accommodation 5. Live in a Co-op

F. Personal References

Name	Phone Number	Relationship	Known for how long?

Please Note: Evangel Apartments is a strictly 'No Smoking' and 'No Pets' facility.

DECLARATION: Please read and sign this statement.

I/We declare:

- This is my application; and
- All the information provided is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Evangel Apartments to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to Evangel Apartments any information pertinent to the assessment of my/our application; and
- Evangel Apartments to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision-making process to provide me/us with rental accommodation.

I/We understand:

- That this application does not constitute any agreement on the part of Evangel Apartments to provide me/us with rental accommodation; and
- That it is my/our responsibility to advise Evangel Apartments of any changes to the information given in this application and to provide any supporting materials required for my/our application.
- That it is my/our responsibility to contact Evangel Apartments every 12 months from the date of this application to maintain an active file.

X	Signature of Applicant #1	Date (MM / DD / YYYY)
X	Signature of Applicant #2	Date (MM / DD / YYYY)