

## 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

**ALL APPLICATION INFORMATION MUST BE PROVIDED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**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)			Mobile 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				<b>Applicant</b>		<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
<b>Above Address</b>		<b>Present</b>		

**D. Income Information:** (List ALL gross monthly income [before deductions] for ALL members of your household, age 19 and older, from ALL sources. Add additional pages as needed).

First Name	Source (i.e. employment, EI, pensions, income assistance, etc.)	Employer Name & Phone #	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your current accommodation:	
1. <input type="checkbox"/> Apartment	2. <input type="checkbox"/> House/Duplex/Townhouse
3. <input type="checkbox"/> Housekeeping Room	4. <input type="checkbox"/> Basement Suite
5. <input type="checkbox"/> Room & Board	6. <input type="checkbox"/> Trailer
7. <input type="checkbox"/> Living with Family/Friends	8. <input type="checkbox"/> Hotel/Motel
9. <input type="checkbox"/> Other (please explain): _____	
How many bedrooms do you have now? _____	
Do you:	
1. <input type="checkbox"/> Rent	2. <input type="checkbox"/> Own
3. <input type="checkbox"/> Share Expenses	4. <input type="checkbox"/> Have Free Accommodation
5. <input type="checkbox"/> 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:** Applicants must read, check each box that applies, and sign this declaration.

**I / We declare:**

- This is my application and all information provided is correct and complete to the best of my knowledge and belief.
- I have made and retained a copy of my application for my own records.

**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 an agreement on the part of Evangel Apartments to provide me/us with rental accommodation; and
- That it is my/our responsibility to immediately advise Evangel Apartments of any changes to the information provided in this application and to provide any supporting materials required for my/our application upon request.

That it is my/our responsibility to **contact Evangel Apartments every 3 months from application date** to maintain an active file. I / we understand our names will be removed from the waitlist if we fail to contact every 3 months.

\*\*\* ALL HARDCOPY APPLICATIONS ARE DESTROYED UPON REMOVAL FROM WAITLIST TO PROTECT APPLICANT PRIVACY.

**NOTE: Only qualified applicants will be added to the waitlist. See qualifications on the website [www.evhousing.ca/Apply.php](http://www.evhousing.ca/Apply.php)**

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