



Application for Seniors' Supportive Housing

Thank you for your interest in Seniors' Supportive Housing (SSH) at KinVillage. To apply for SSH, you must: **i)** be a permanent resident of BC, **ii)** have a low to moderate income as defined annually by BC Housing, and have household assets less than \$100,000, **iii)** be a senior or person with disabilities who would benefit from an accessible home, and **iv)** require some support services to continue living independently.

Please be sure to fully complete your application, including attaching any additional relevant information. This will allow KinVillage to accurately assess your application, determine your eligibility for SSH, and, since the demand for affordable housing continues to far exceed the available supply, ensure that priority is given to persons in greatest need. **Completed applications may be submitted by mail to: Assistant Manager, Housing at 5440 10th Ave. Tsawwassen, BC, V4M 3Y9, or by email to housing@kinvillage.org**

For assistance in completing your application, please contact the KinVillage office at (604) 943-4805 ext. 402

Applicant Information		
Legal Name (First and Last):		Date of birth:
Phone:	Cell:	
E-mail:		
Mailing address:		
City:	Province:	Postal Code:
Alternative Contact (in case we can't reach you):		
Alternative Contact Phone:		
Co-Applicant Information		
Legal Name (First and Last):		
Date of Birth:	Relationship to 1 st Applicant:	
Current/Most Recent Accommodation		
Address (if different than above):		
City:	Province:	Postal Code:
From Date:	To Date:	
Type: House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer <input type="checkbox"/> Other _____ (Please check off box)		
Owned <input type="checkbox"/> Rented <input type="checkbox"/> Free <input type="checkbox"/> (Please check off box)		



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If you own or rent, what is your **total monthly cost** for housing expenses (includes rent, strata fees, property taxes, utilities): \$

Reason for moving:

- I am under notice to end my present tenancy. (If so, a copy of the legal Notice to End a Residential Tenancy from your Landlord must be submitted with your Application.)
- I feel at risk in my current living environment as a result of the physical environment (e.g. stairs, inaccessible bathtub).
- I have had falls and difficulty getting up and/or other health concerns that would be assisted or alleviated by an emergency response system.
- I am unable or find it difficult to regularly do housekeeping and change my bed linens.
- I find it difficult to prepare and eat healthy meals each day – i) I am unable to shop/cook for myself, ii) I eat out/eat frozen meals regularly, iii) I eat one or fewer meals per day.

Other (Please specify):

Residency History, rentals in past 2 years & any prior subsidized accommodation

Address	From Date	To Date	Landlord Name	Phone #

References, excluding family members, if no previous Landlords listed

Name	Relationship	Address	Phone



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Income Information (including Co-Applicant, if any)

GIS (Guaranteed Income Supplement):	Gross Monthly Income: \$
OAS (Old Age Security):	Gross Monthly Income: \$
CPP (Canada Pension Plan):	Gross Monthly Income: \$
Other Pension(s) Description:	Gross Monthly Income: \$ Gross Monthly Income: \$
Other Income Description:	Gross Monthly Income: \$ Gross Monthly Income: \$
TOTAL	Gross Monthly Income: \$

Assets Information (including any Co-Applicant, if any)

Cash – Bank Accounts (List each of chequing/savings):	
1.	\$
2.	\$
3.	\$
Canada Savings Bonds:	\$
Term Deposits:	\$
GICs (Guaranteed Investment Certificates):	\$



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Real Estate Equity, net of debt (List each house address):	
1.	\$
2.	\$
Other Assets Description:	
1.	\$
2.	\$
TOTAL	\$
Other Information	
Do you use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check off box)
Do you use an electronic scooter?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check off box)
Do you smoke?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check off box)
Do you use oxygen?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please check off box)
Have you been diagnosed with any chronic health conditions?	If Yes, please identify.
Do you currently receive regular health services? If Yes, please describe. If Yes, what company/organization provides these services?	Please provide a contact name and phone number for the health care provider.
How frequently do you leave your home for social activities?	



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Declaration

I/We declare that the information given in this application is correct and complete. I/We understand that it is my/our responsibility to advise KinVillage Association (KinVillage) of any changes to the information given in this application and to provide any supporting materials (e.g. to verify income and assets) as and when requested by KinVillage.

Pursuant to relevant privacy legislation, I/We give KinVillage 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 agency to release to KinVillage any information pertinent to the assessment of my/our application.

I/We consent to KinVillage receiving and exchanging with credit bureaus and my/our previous landlords, credit and other information about me/us. I/We understand that such information will be a factor in KinVillage's decision to provide me/us with rental accommodation. I/We understand that this application does not constitute any agreement on the part of KinVillage to provide me/us with rental accommodation; it is not possible to predict when or if a suite may become available. Applicants who are offered and accept a suite must sign a Tenancy Agreement and may be required to sign Tenancy Agreement addendums that cover topics such as pets, parking, smoking, etc.

I hereby certify that all of the information provided in this application is correct. I further agree that this information can be used by KinVillage and their associates in the evaluation of my application.

ALL INFORMATION HEREIN IS DEEMED CONFIDENTIAL

Name

Signature

Date