

SPALLUMCHEEN HOUSING SOCIETY

2315 Heather Heights

P.O. Box 97

Armstrong, BC

V0E 1B0

Phone: 250-546-8455

Fax: 250-546-2475

APPLICATION FORM

Please provide all requested information and PRINT CLEARLY.

Mr. Mrs. Ms: _____

APPLICANT: Last Name (Must Use LEGAL NAMES) First Name: Initial:

PRESENT ADDRESS: _____

Telephone No.: _____ Alternate No.: _____

VETERAN SERVICE NUMBER (if applicable): _____

DATE OF BIRTH: _____ MARRIED or SINGLE

FULL NAME OF SPOUSE – (Legal Names)

NEXT OF KIN: _____

RELATIONSHIP _____

NEXT OF KIN – PHONE NO. & ADDRESS _____

Do you or your spouse have any disability? _____ If so, state particulars and give

Doctor's name: _____ Phone No.: _____

General state of health of yourself and/or spouse: _____

Present Employer (if applicable): _____

Address: _____ Phone #: _____

REFERENCES: Please list two persons (employer, Business associate, clergyman etc) but not family members, whom we may contact.

1. _____ Phone #: _____

2. _____ Phone #: _____

HOUSEHOLD INCOME: Please list gross income (before deductions) for you and/or your spouse from all sources.

<u>Source of Income:</u>	<u>Applicant</u>	<u>Spouse</u>
Employment Income	_____	_____
Employment Insurance (EI)	_____	_____
Worker's Compensation (WCB)	_____	_____
Alimony	_____	_____
Old Age Security (OAS/GIS)	_____	_____
Canada Pension Plan (CPP)	_____	_____
Other Pension or Investment Income	_____	_____
BC Benefits/Disability Pension	_____	_____
Total Monthly Income:	\$ _____	\$ _____

ASSETS: List the current value of all assets held by the Applicant and/or Spouse. DO NOT include assets such as vehicles, boats, antiques, household furnishings etc. DO include the value of investments for which Interest Income has been reported above.

	<u>Applicant</u>	<u>Spouse</u>
Cash/Bank Balance	_____	_____
Stocks/Bonds/Term Deposits	_____	_____
GIC's/RRSP/RRIF etc	_____	_____
Real Estate Owned (assessed value)	_____	_____
Other Assets (please specify)	_____	_____
Total Value of Assets:	\$ _____	\$ _____

APPLICANTS SIGNATURE: Please read and sign this statement.

I hereby certify that the information given in this application is complete and correct. I understand that it is my responsibility to advise the Society of any changes to the information given here. I understand that **this Application does not constitute an agreement** on the part of Spallumcheen Housing Society to provide me with rental accommodation. It is my responsibility to update this application.

In making this application, I or WE UNDERSTAND THAT:

1. There is a damage deposit of \$ _____ (Bachelor) or \$ _____ (Bedroom).
2. 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 or we **will be required** to move out of the Spallumcheen Housing Project.
3. I/we must be **55 years** of age or older.
4. Hydro utilities, telephone and cablevision (if I care to use this service) are extra and are my responsibility to have hooked up into my name.
5. This is a **NO pets** and **NO Smoking** unit.
6. One month's notice is required if I/we should decide to move out, and the apartment must be thoroughly cleaned before returning the key/s, else clean up charges will be deducted from the damage deposit.

DATED AT: _____ this _____ day of _____ 20 _____.

Signature of Applicant: _____

Print Name: _____

Signature of Spouse: _____

Print Name: _____