

# Valemount Senior Citizens Housing Society

Box 598, 1300 Main Street, Valemount, BC, V0E 2Z0

Golden Years Lodge

Valemount House

Please indicate above, your preferred location by numbering 1 or 2

## Application for Seniors Independent Living Units

(All information contained in this application is private and confidential)

**Date application received** \_\_\_\_\_

(Please note this application must be reviewed annually to maintain accuracy of information contained to keep active)

**Applicants Name:** \_\_\_\_\_  
(Last Name) (First Name)

Box Number and Street Address: \_\_\_\_\_

\_\_\_\_\_

City, Town, Village: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Years at this Residency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

**Co-Applicants Name:** \_\_\_\_\_  
(Last Name) (First Name)

Box Number and Street Address: \_\_\_\_\_

\_\_\_\_\_

City, Town, Village: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Years at this Residency: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Age : \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

As the intent is to provide accommodation to senior residents of Valemount please be aware that applicants within (30) kilometers of Valemount may be given priority if and when accommodation becomes available.

**Additional Information from Applicant**

If Applicable:

Present Landlord's Name and Address: \_\_\_\_\_

Landlords Telephone Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Rental Payments: \_\_\_\_\_

Applicants References: \_\_\_\_\_

Applicants Marital Status: \_\_\_\_\_

Are you a Canadian Citizen? Yes/No

Reason For Wanting to Move: \_\_\_\_\_

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

When are you prepared to move? \_\_\_\_\_

**Responsibility for payment:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Other information?**

Local Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and Contact information: \_\_\_\_\_

\_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address and Contact information: \_\_\_\_\_

\_\_\_\_\_

Will you require a parking stall? Yes/No If yes, a \$10.00 a month additional fee per vehicle will apply.

Any additional information provided by applicant: \_\_\_\_\_

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The information supplied in this application is to the best of my/our knowledge and belief and is complete and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Applicants:**

**Please note the process that is followed upon receiving application**

Administrator receives complete application, attaches their signature, current date.  
Administrator reviews to insure completeness, advises applicant of deficiencies or further information required or advises application will go to review panel.  
Administrator reviews application with review panel.  
If accepted or denied applicant is notified. Opportunity to provide further information?  
Application added to current applicant list.

**Approved Yes/No**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Contacted Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms:**

- Required Documentation Checklist to assist applicant in completing application.
- BC Housing Rent Subsidy Application- submitted to us once approved, or to be submitted with the initial accommodation application.