



Parkdale Place Housing Society

100-9302 Angus Street

Summerland, BC

V0H 1Z5

Phone: (250) 494-1161

Fax: 250-494-1137

parkdaleinfo@shaw.ca

Our Mission

Providing exceptional affordable living in a welcoming community environment that enriches the lives of those we serve.

Our Vision

Recognizing the community's need for affordable, stable housing delivered at the highest standard.

Application for Angus Place Supportive Living Residence

Parkdale Place Housing Society is a non-profit Society whose mandate is to provide affordable housing in Summerland and District. We offer seniors an opportunity to live in safe and affordable, independent housing. This application form is designed to collect information from applicants seeking affordable housing. The information you supply will be handled in confidence.

QUALIFICATIONS

Residents must be 55 years of age or older.

Residents must be capable of independent living.

Parkdale Place Housing has adopted a No Pet Policy

Applicant(s): List person(s) applying for accommodation.

Last Name:	First Name:	Home Phone:	Cell Phone:	Email:
Last Name:	First Name:	Home Phone:	Cell Phone:	Email:
Current Address:	Wife Birthday Day / Month/ Year ____ / ____ / ____	Wife Birthday Day / Month/ Year ____ / ____ / ____	Anniversary Date Day / Month/ Year ____ / ____ / ____	

Accommodation request:

Number of Bedrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Parking Stall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storage Locker	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ability to Move:

	Rent	Own
Do you Rent or Own?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to sell a home before moving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need to give 30 days' notice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you ready to move if informed a suite is available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have someone to help you move?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When are you hoping to move?

Please check one.

As soon as possible	<input type="checkbox"/>
Within 3 months	<input type="checkbox"/>
Within 6 months	<input type="checkbox"/>
Within 1 year	<input type="checkbox"/>
Longer than 1 year	<input type="checkbox"/>

Are you capable of Living Independently?

Yes

No

Rental History: Please list your address/es for the past two years. Your landlord may be contacted for a rental reference.

Address	From (date)	To (date)	Name of Landlord	Landlord Phone:

Health or Disability Concerns: Please list all health concerns or disabilities.

Please List all Allergies Here:

:

Do you carry an EpiPen? Yes No

Lifestyle

Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you drive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been admitted to the hospital in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you physically active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mobility

Do you have mobility difficulties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cane	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Walker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motorized Wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scooter	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Power of Attorney or Sponsor;

Parkdale Place Housing requires residents to have either a Power of Attorney or a Sponsor who will take responsibility for the resident(s) in the event they become ill or incapacitated.

Power of Attorney or Sponsor Name	Relationship	Phone

<p>Have you experienced or been diagnosed with memory loss or dementia.</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Declaration:

I/we understand that this application does not constitute any agreement on the part of the Society to provide rental accommodation. I/we hereby certify the information given in this application is true and complete in every respect and I/we can provide confirmation documentation or references if requested by the Society. I/we understand it is my/our responsibility to advise the Society of any changes to the information provided. I/we give my/our consent to the Society to conduct inquiries and Check references that are necessary to verify the information provided in this application.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____