



# Parkdale Place Housing Society

100-9302 Angus Street

Summerland, BC

V0H 1Z5

Phone: (250) 494-1161

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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 Subsidized Housing

Angus Place

Parkdale Lodge

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

### QUALIFICATIONS

**You must income qualify.**

**You must be capable of independent living.**

**Parkdale Place Housing has adopted a No Pet Policy**

Last Name:	First Name:	Home Phone:	Cell Phone:
Current Address:		Birthday Day / Month/ Year _____ / _____ / _____	Email:

**Accommodation request:**

Parking Stall	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Storage Locker	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Ability to Move:**

Do you Rent or Own?	Rent <input type="checkbox"/>	Own <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	<input type="checkbox"/>
No	<input type="checkbox"/>

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

**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.

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**Please List all Allergies Here:**

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Do you carry an EpiPen?      Yes      No

**Lifestyle**

Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Do you drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sometimes <input type="checkbox"/>
Are you currently or have you received mental health supports.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you physically active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Financial Information:**

Source of Income (CPP, OAS, Pensions, Annuity, Employment, Other)	Gross Monthly Amount

**Assets:**

Cash & Bank Balances	\$
Stocks, Bonds, Term Deposits, RIF, Other	\$
Value of Real Estate	\$

**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 in the event they become ill or incapacitated.

Power of Attorney or Sponsor Name	Relationship	Phone

**Declaration:**

I understand that this application does not constitute any agreement on the part of the Society to provide rental accommodation. I hereby certify the information given in this application is true and complete in every respect and I can provide confirmation documentation or references if requested by the Society. I understand it is my responsibility to advise the Society of any changes to the information provided. I give my 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: \_\_\_\_\_