

ALBERNI VALLEY SENIOR CITIZENS HOMES SOCIETY

10-4467 Wallace Street, Port Alberni BC V9Y 3Y4

Phone: 250-724-2013 Email: manager@avschs.ca

APPLICATION FOR HOUSING – Tower / Cottages (Circle one or both)

1. Applicant Information

Last Name	First Name	Date of Birth
Age	Male Female (Circle One)	Social Insurance No. (optional)

2. Spouse or Partner Information (if applicable)

Last Name	First Name	Date of Birth
Age	Male Female (Circle One)	Social Insurance No.

3. Residency Information – Please list your addresses for the last 2 years

Address(es)	From Date	To Date	Landlord Name	Landlord Phone #
Current Address				
Previous Address				
Previous Address				

4. Mailing Address (if different from above)

Apt No.	Street No.	Street Name
City	B.C.	Postal Code

5. Current Household Information – Check All that Apply

<input type="checkbox"/>	Living Alone	<input type="checkbox"/>	Living with a Spouse or Common Law Partner
<input type="checkbox"/>	Sharing with other Adult(s)	<input type="checkbox"/>	Other, describe

6. Contact Information

Home Phone No.	Work Phone No.
Cell Phone No.	Email
Optional: Name of person we can leave messages with	Message person phone number

7. Income Information:

Have any income sources reported on your tax return stopped or permanently decreased? Yes () No ()
Did you stop working in the past two years? Yes () No ()
Have you or your spouse received income assistance in the past two years? Yes () No ()
Did you receive any income in the last year that does not appear on your tax return? Yes () No () If Yes, please provide supporting documentation
Do you have income from Self Employment? Yes () No () If Yes, please income and expenses from last years income tax as well as worksheets (t2125)

8. Current Monthly Income (For both application and Spouse if applicable)

List all current income sources including any regular ongoing funds received from non-taxable sources: (Employment, Seasonal Employment, Family Support and all other sources Old Age Security, Guaranteed Income Supplement, and Allowance for the Survivor (if applicable))	Applicant	Spouse
Total		

9. Do you currently receive SAFER Rental Subsidy from BC Housing YES / NO (Circle One)

NOTE: Proof of income must be provided before this application can be processed. Please attach:

	Income Tax information – copies of last year’s Income Tax Notice of Assessment AND detailed Income Tax return; and,
	If self employed, statement of Income and Expenses from last year’s Income Tax return and related worksheets (T2125); and,
	If you declared bankruptcy in the last two years, both the pre and post bankruptcy returns: and,
	If any income reported on your tax return have stopped or permanently decreased proof of current income from all sources; and
	Proof of any non-taxable income.
	Bank statement for one (1) month period.

10. Declaration and Consent

This my/our application and all the information in it is true, correct and complete in every respectfully discloses my/our income from all sources; and accurately represents my current living circumstances.

I/We Permit:

- Alberni Valley Senior Citizens Homes Society to verify any of the information I/we have provided in this application in order to access affordable housing.

Signature of application	Date	Signature of Spouse	Date

Next Steps: Sign and Date Application – Submit to: Alberni Valley Senior Citizens Homes Society, 10 – 4467 Wallace Street, Port Alberni, BC V9Y 3Y4