



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

Please indicate preferred choice of location: 1st choice, 2nd choice, 3rd choice.

Golden Years Lodge (Main Street) _____

Valemount House (Cedar Street & 3rd Avenue) _____

Valemount Seniors Housing (Ash Street) _____

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, there will be an additional monthly fee per vehicle.

Any additional information provided by applicant: _____

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 by VSCHS: _____

Name: _____ Title: _____

Signature: _____

Applicants:

Please note the process that is followed upon receiving application

Administrator receives complete applications, attaches their signature, current date.

Administrator reviews to ensure completeness, advises applicants of deficiencies or further information required or advises application will go to review panel.

Administrator reviews application with review panel.

If accepted or denied, the applicant is notified. Opportunity to provide further information?

Application added to current applicant list.

Approved Yes/No

Signed: _____ Date: _____

Comments: _____

Contacted Applicant: _____ Date: _____

Forms:

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