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Phone &

email:

APPLICATION FORM

The Dawson at Dawson Heights

Supportive Housing for Seniors in a **SMOKE-FREE** environment For eligibility criteria please read page 2 of the application form

DATE RECEIVED	
INCOME VERIFIED	
YEAR OF NOA	
RECEIVED BY	

		One	2 Bedroom	
		Bedroom	(2-persons only)	
Lock Name	Final 8	James .	Made Nome	
Last Name	First 1	vame	Middle Name	
Address		City	Prov/PC	
Telephone number	(s)	Email addre	ss Date of Birth	
2 nd applicant if red				
				
Last Name	First Name	Middle Name	Date of Birth	
Do you require	a parking space?	Y / N Additiona	cost and space not guaranteed	
Please provide 2 r relatives.	eferences, including a prev	rious Landlord where poss	ible. References should not be	
Name	Address	P	none Email	
Name	Address	P	none Email	
			·	
Please provide the i		n for 2 people who may be o	ontacted in case of emergency or shou	ıld
Name:		Name:		
Relationship:		Relationship:		
Address:		Address:		

Phone &

email:

FINANCIAL INFORMATION

Please read carefully all information contained in this application.

In order to be accepted, **this application must be filled completely**, signed by all applicants & accompanied by Applicant(s)' most recent *Notice of Tax Assessment* from the **Canada Revenue Agency**.

Please DO NOT send your tax return or a GST return.

Annual Maximum Income (subject to change and annual reviews):

The Dawson 1 bedroom:	\$50,000	2 bedroom:	\$65,000
	1 st Person	2 nd Person	Total
Employment Income	\$	\$	\$
Income Assistance	\$	\$	\$
Insurance Income	\$	\$	\$
Superannuation & Pension Income	\$	\$	\$
Investment & Assets Income	\$	\$	\$
Income from other sources	\$	\$	_ \$
TOTAL	\$	\$	\$

Declaration

I/We declare that all the information provided on this application is correct to the best of my/our knowledge; that no information requested has been omitted or concealed, and I/we hereby authorize **Dawson Heights Housing Ltd** or its representatives to make any relevant inquiries that it deems necessary to verify the above. I/We agree to a Credit Check should one be required. I/We understand that incomplete or incorrect information provided may cause a delay in processing or may result in denial of the application.

Signature _	Date	
Signature —	Date	
CHECKLIST:	Application completed; signed by all applicants Latest <i>Notice of Tax Assessment</i> attached Contact information accurate & current	

	Rental Officer	For further information please call:
Please return	Dawson Heights Housing	250-477-4850
application to:	3710 Cedar Hill Road	Fax 250-477-4851
	Victoria, BC V8P 5V5	Email: seniors@dawsonheights.ca

Please note that *application is valid for two years* from date of receipt. Please keep your contact information current & send your new *Notice of Tax Assessment* when received. This application is not an agreement on the part of *Dawson Heights Housing Ltd* to provide housing.

www.dawsonheights.ca

The Dawson is owned and operated by Dawson Heights Housing Ltd – a non-profit subsidiary company of the Anglican Diocese of BC. We are a community of people from all faiths and backgrounds.