

	APPLICATION FORM The Woodlands at Dawson Heights Independent 55+ Housing in a SMOKE-FREE environment For eligibility criteria please read page 2 of the application form
	(Empty space for notes or stamps)

DATE RECEIVED	
INCOME VERIFIED	
YEAR OF NOA	
RECEIVED BY	

BC Housing File #: _____

Market Rent: _____

Subsidized Housing:

Junior 1 Bedroom		1 Bedroom	
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1 Bedroom		2 Bedroom (2-persons only)	
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Last Name	First Name	Middle Name
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Address	City	Prov/PC
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Telephone number(s)	Email address	Date of Birth
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2nd applicant if required:

Last Name	First Name	Middle Name	Date of Birth
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Do you require a parking space?

Y / N

Additional cost and space not guaranteed

Please provide 2 references, including a previous Landlord where possible. References should not be relatives.

Name	Address	Phone	Email
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Name	Address	Phone	Email
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Please provide the name and contact information for 2 people who may be contacted in case of emergency or should the need for assistance arise:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone & email: _____	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 Oaks	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 Notice of Tax Assessment attached	
	Contact information accurate & current	

Please return application to:	Rental Officer Dawson Heights Housing 3710 Cedar Hill Road Victoria, BC V8P 5V5	For further information please call: 250-477-4850 Fax 250-477-4851 Email: seniors@dawsonheights.ca
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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 and due to the many factors involved, an applicant's position on a waitlist cannot be provided.

www.dawsonheights.ca

The Oaks 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.