

	APPLICATION FORM The Cedars at Dawson Heights Supportive Housing for Seniors in a SMOKE-FREE environment For eligibility criteria please read page 3 of the application form		DATE RECEIVED _____
			INCOME VERIFIED _____
			YEAR OF NOA _____
			RECEIVED BY _____

Application is for: ☐ **One bedroom** ☐ **Two bedrooms (2 people only)**

If we need to speak to someone about this application whom should we call?

Applicant	Primary contact
<input type="checkbox"/>	<input type="checkbox"/>

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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Please check your requirements/assistance currently being received:

Parking <input type="checkbox"/> Y <input type="checkbox"/> N	Bathing <input type="checkbox"/> Y <input type="checkbox"/> N	Meal Prep <input type="checkbox"/> Y <input type="checkbox"/> N	Shopping <input type="checkbox"/> Y <input type="checkbox"/> N
Dressing <input type="checkbox"/> Y <input type="checkbox"/> N	Laundry <input type="checkbox"/> Y <input type="checkbox"/> N	Medication <input type="checkbox"/> Y <input type="checkbox"/> N	Housekeeping <input type="checkbox"/> Y <input type="checkbox"/> N
Mobility <input type="checkbox"/> Y <input type="checkbox"/> N	If a mobility device is used, what is it? _____		

Do you have any special dietary requirements or allergies? ☐Y ☐N

Details:

An interview with our Chef may be recommended.

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: _____

Family Doctor: _____

FINANCIAL INFORMATION

Please carefully read all information contained in this application.

In order to be accepted, **this application must be filled completely**, signed by all applicants and accompanied by your most recent **Notice of Tax Assessment** from the **Canada Revenue Agency**.

Please DO NOT send your tax return, pension printout or a GST return.

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

1 person: \$65,000

2 persons: \$90,000

	1 st Person	2 nd Person	Total
Income Assistance	\$ _____	\$ _____	\$ _____
Insurance Income	\$ _____	\$ _____	\$ _____
Superannuation & Pension Income	\$ _____	\$ _____	\$ _____
Investment & Assets Income	\$ _____	\$ _____	\$ _____
Income from other sources	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Please note:

An interview with the Executive Director will be required to update the information on the application form and to confirm applicant eligibility prior to final acceptance.

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 _____

IMPORTANT NOTES:

This application is **valid for TWO (2) years** from the date of receipt of the completed application as described above. Please ensure you keep your contact information current and to send in your new **Notice of Tax Assessment** when received.

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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www.dawsonheights.ca

The Cedars 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.



ELIGIBILITY CRITERIA

The Cedars offers supportive house for independent people aged 65 and over. This includes accommodation, two meals a day, light housekeeping with linens and towels, 24-hour emergency response and social/recreational activities. There are NO PERSONAL OR MEDICAL CARE SERVICES provided: i.e. bathing, personal care, such as managing incontinence, or assistance with the taking of medications.

INDEPENDENCE is defined as being capable of:

- ***managing one's own personal care and mobility;***
- ***directing one's own affairs;***
- ***making informed decisions about life choices, including the need for personal assistance services.***

Should a resident need additional support to maintain their physical independence and to continue to live at The Cedars, they or their family are free to make private arrangements through the health authority or a private home support agency. All individual residents must satisfy this definition of independence.

Should a resident no longer meet the eligibility criteria and require a level of service that exceeds that which can be provided at The Cedars, a move to alternative residence will need to be arranged, in partnership with the Family, the Health Authority and the Executive Director.

Dawson Heights Housing Ltd is a non-profit organization with a mandate to provide housing for seniors with a moderate income. Therefore, it is imperative that applicants satisfy the maximum annual income as defined in the Financial Section of this application.

This application is not an agreement on the part of ***Dawson Heights Housing Ltd*** to provide housing.

FOR OFFICE USE ONLY

Date		Initials

