

	<p align="center">APPLICATION FORM</p> <p align="center">The Dawson at Dawson Heights</p> <p align="center">Independent 55+ housing in a SMOKE-FREE environment</p> <p align="center">For eligibility criteria please read page 2 of the application form</p>

DATE RECEIVED	
INCOME VERIFIED	
YEAR OF NOA	
RECEIVED BY	

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:	_____
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Relationship:	_____	Relationship:	_____
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Address:	_____	Address:	_____
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Phone & email:	_____	Phone & email:	_____
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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:	\$52,000	2 bedroom:	\$67,000
	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	<input type="checkbox"/>
Latest <i>Notice of Tax Assessment</i> attached	<input type="checkbox"/>
Contact information accurate & current	<input type="checkbox"/>

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 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.