



100-142 Larwood Road
Campbell River, B.C. V9W 1S2
Tel: 250-923-4824 Fax: 250-923-4818
www.wpsls.com
Application Date: _____

Mission: "To provide affordable housing to low income seniors who wish to maintain independent living in a safe and secure environment."

Willow Point Supportive Living Society Rental Application

Please read and complete all pages as fully as possible.

1. Willow Point Supportive Living Society:

- a) is a non-smoking facility,
- b) provides housing to low income seniors
- c) may allow pets upon prior approval
- d) may allow scooters upon prior approval

2. Willow Point Supportive Living Society provides an "Independent Living" facility. Applicant(s) must be functionally independent. This Society does not provide any personal assistance to residents to remain independent. If, following an assessment by the Societies staff, it is determined that the resident:

- a) has personal care needs that exceed the Society's mandate for independent living, or
- b) place themselves or others at risk, or
- c) interferes with the operation of the facility or
- d) harasses other residents' or interferes with quiet enjoyment of their home, then

Willow Point Supportive Living Society may terminate the tenancy agreement.

3. SPONSOR means "any person or persons who agrees to assume responsibility for a resident should that resident be no longer able to reside with Willow Point Supportive Living Society for any reason.

4. In the event the resident is deemed no longer safe to live in the complex, the resident, residents' sponsor or the residents' family agree to immediately begin taking the necessary steps to relocate the resident to an appropriate care facility. The Manager will provide the necessary notice to end the tenancy agreement.

5. Rental rates are not subsidized, are subject to periodic review and may change from time to time. Rent increases, as governed under the Residential Tenancy Act, may follow a review. Low income Residents may qualify, under the SAFER program (Shelter Assistance For Elderly Renters) for a rebate of a portion of their rent by applying to B.C. Housing. (www.bchousing.org/Options/Rental_market/SAFER/Eligibility).

6. Rental agreements are entered into on a month-to-month basis. As such, one full months' notice is required to end a tenancy agreement. Unpaid rent will become the responsibility of the Sponsor, the

SPONSOR NAME _____ PHONE _____

Relationship _____

ADDRESS _____ P.C. _____

POWER OF ATTORNEY Yes No

email address: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF CURRENT HEALTH ISSUES

HAVE YOU (OR YOUR PARTNER) BEEN A SMOKER WITHIN THE PAST 5 YEARS?

YES NO

Family DOCTOR'S NAME _____ PHONE NO. _____

SPOUSE/PARTNER'S HEALTH _____

Family DOCTOR'S NAME _____ PHONE NO. _____

DECLARATION OF ASSETS AND INCOME:

MONTHLY or ANNUAL INCOME (COMBINED TOTAL IF TWO APPLICANTS)

STATEMENT OF ASSETS FROM YOUR FINANCIAL INSTITUTION(S) (please attach)

DO YOU OWN A MOTOR VEHICLE(s) Y / N Make _____ LICENCE NO _____

RESIDENCY HISTORY: Please list your address(es) for the past two years.

ADDRESS 1: _____ P.C. _____

DATE FROM _____ TO _____

OWNER/MANAGER _____ PHONE NO. _____

AMOUNT OF RENT PAID \$ _____

ADDRESS 1: _____ P.C. _____

DATE FROM _____ TO _____

OWNER/MANAGER _____ PHONE NO. _____

AMOUNT OF RENT PAID \$ _____

HAVE YOU EVER BEEN EVICTED? YES NO

IF YES, WHEN? _____

IF YES, PLEASE DESCRIBE THE CIRCUMSTANCES? _____

REASONS FOR LEAVING CCURRENT ACCOMODATIONS _____

REFERENCES:

NAME _____ PHONE _____

ADDRESS _____ P.C. _____

RELATIONSHIP _____

email address: _____

NAME _____ PHONE _____

ADDRESS _____ P.C. _____

RELATIONSHIP _____

email address: _____

Suite preference: (first and second choice)

One Bedroom

Two Bedroom

Patio home

Accessible

DECLARATION OF APPLICANT:

I fully understand that this is not a contract and is not binding on either party. The information provided by me is true and complete, to the best of my knowledge. I have no objections to reasonable inquiries for the purpose of verifying the information, as presented. I am aware that I must present verification for proof of income (most recent two years' tax returns) and statement(s) of assets prior to approval of my application. I/We agree to abide by all of the Rules and Regulations of the Willow Point Supportive Living Society, as now in force or as amended from time to time.

Please note that upon approval of your application, and prior to obtaining keys you are required to provide a security deposit equal to 1/2 (one half) of one month's rent, plus the first month's rent. Monthly rent is paid in advance on the first day of each month and is completed by automatic withdrawal from your banking institution. You are responsible to establish personal accounts for utilities such as electricity, and where required (e.g. patio homes), for natural gas.

Applicants understand and agree that their application will be placed on a wait list and that they are required to contact the Manager each year on or before the anniversary date of their application for an annual review. Failure to conduct the annual review may result in the applicant being removed from the wait list.

(Signature of applicant(s))

SIGNED _____ DATE _____

SIGNED _____ DATE _____

(Signature of Sponsor(s))

SIGNED _____ DATE _____

SIGNED _____ DATE _____

THIS SPACE FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

INTERVIEWER: _____ DATE OF INTERVIEW _____

INTERVIEWER: _____ DATE OF INTERVIEW _____

COMMITTEE RECOMMENDATION: _____
