

RENTAL APPLICATION

Seniors' Supportive Housing – Three Links Manor

Application for housing at 2898 E. 22nd Avenue, Vancouver, B.C.

NOTE: APPLICANTS MUST BE 55+ and/or with DISABILITY

Date:						
Preferred Type of S	Suite:	Bachel	lor	One Bedroom		Either
The Supportive Hous	sing program	includes the	e following	services:		
Weekly hous Weekly liner Daily supper Recreation a 24/7 emerge	a service	rogram				
SECTION I: DEM	IOGRAPHI	C/CONTA	CT INFO	ORMATION		
APPLICANT #1:						
Full Name:	Ar. 🗌 Mrs.	🗌 Miss	□ Ms			
Date of Birth:	(day) (r	nonth)	(year)			
Contact Phone #:						
APPLICANT #2:						
Full Name:	/Ir. 🗌 Mrs.	🗌 Miss	☐ Ms			
Date of Birth:	(dov) (r	n anth)	(1005)			
Contact Phone #:	(day) (r	nonth)	(year)			
Address:	Street No. ar	nd Name	Citv	/Town	Province	Postal Code
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If you are staying at a shelter, hostel, hotel, care facility, or other type of non-private residence please indicate the name:

Does either applicant have a case worker in the community?	🗌 Yes	🗌 No
Name of case worker:		
May we contact your case worker?	🗌 Yes	🗌 No
If yes, please provide phone number:		

SECTION II: INCOME/ASSETS

1. Please indicate the monthly amount you receive from each of the following income sources (combined for both applicants):

- a. Old Age Security
- b. Guaranteed Income Supplement
- c. Other Income or Pension (specify source)
- 2. Total value of assets (real estate, bonds, cash in bank, etc.)

SECTION III: RENTAL HISTORY

1. Do you own or rent your current home? If neither is applicable please explain:

2.	How much is your monthly rent/mortgage payment?
3.	How long have you been at your current address?
4.	Reason for leaving:
5.	Name of landlord (if applicable):
6.	May we contact your current landlord? 🗌 Yes 🗌 No
7.	If yes, please provide telephone number where we can contact him/her:
8.	Have you ever been evicted from a rental property or been involved in dispute resolution as a tenant?

9. If yes, please provide details (when, why):

	Do you currently have tenants	insurance?		Yes		0		
E	CTION IV: SPECIAL NEED	DS						
	Do you have any pets?	🗌 Yes		No				
a.	If yes, how many?	1.b. Type of p	et:					
	Are you a smoker?	🗌 Yes		No				
	to live independently, or abile emergency? Please specify.	(Note: this in	torn					
	emergency? Please specify. housing options best match		ntorn					
le	emergency? Please specify. housing options best match	your needs.)			ll help us	determ		
le	emergency? Please specify. housing options best match	your needs.) es we can conta	act:			determ		
le	emergency? Please specify. housing options best match CTION V: REFERENCES ase provide at least two reference Name: How do you know this reference	your needs.) es we can conta	act:		ll help us	determ		
	emergency? Please specify. housing options best match CTION V: REFERENCES ase provide at least two reference Name: How do you know this reference employer, physician, etc.)	your needs.) es we can conta Phone: e (friend, forme Phone:	act:		I help us	determ	ine which	
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SECTION VI: ADDITIONAL INFORMATION

1. Are there any special circumstances we should be aware of related to your need for housing? For example, are you at risk of becoming homeless if you do not find a rental within a certain timeframe?

By submitting this application I hereby certify the information provided is true and complete in every respect, and can be documented if requested by the Board of Directors.

Signature (Applicant #1) Date

Signature (Applicant #2) Date

Please return completed form to:

Three Links Care Society 2934 East 22nd Avenue Vancouver, BC V5M 2Y4

Telephone: 604-568-6895 Fax: 604-568-7499