



Lynnhaven Society

APPLICATION FOR AFFORDABLE HOUSING FOR SENIORS

Upon completion, please mail this form to 33580 Braun Ave, Abbotsford, BC V2S 0G8

PERSONAL INFORMATION (please print clearly)

Surname		Given Name			Middle Initial	
Address				City		
Province		Postal Code		Date of Birth <small>M M D D Y Y Y Y</small>		
Phone #			Alternate Contact #			
Next of Kin			Relationship			
Address				Phone #		

BACKGROUND INFORMATION

How long have you lived in British Columbia?					
Do you have any health issues or disabilities?				Yes	No
If yes, please explain					
Do you smoke?	Yes	No	Since there is no smoking in suites or on balconies, would you be willing to smoke outside in designated smoking areas?		
			Yes	No	
Doctor's Name			Phone #		

FINANCIAL INFORMATION - PLEASE LIST ALL ASSETS AND INCOME

Property Owned \$	Bank Accounts \$
Investments, Stocks, Bonds, etc. \$	

All income statements are monthly figures

Employment Income \$	Employment Pension \$
Old Age Security \$	Canada Pension \$
Guaranteed Income Supplement (GIS) \$	
Guaranteed Available Income for Need \$	
War Veteran's Allowance \$	Disability Pension \$
Other \$	
TOTAL INCOME PER MONTH \$	

I certify that this information is full and correct. I give my permission for a background and credit check.

Date _____

Witness _____

Applicant's Signature _____

Witness Signature _____