



Creston & District Society For Community Living

P.O. Box 1820 223-10th Ave. N. Creston BC, V0B 1G0 Ph. (250) 428-2296

APPLICATION FOR ACCOMODATION REBEKAH MANOR 1628 HILLSIDE STREET CRESTON

APPLICANTS: List all persons who would be living in the accommodation:

LAST NAME	FIRST NAME	BIRTHDATE (Day/Month?year)	AGE
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ADDRESS: P.O. BOX	STREET ADDRESS	HOME PHONE NUMBER (Include Area Code)	
CITY	PROVINCE	POSTAL CODE	ALTERNATE PHONE NUMBER (Include Area Code)

Do you expect your family to change? YES _____ NO _____

If YES, please explain: _____

Income Information: List Gross Monthly Income (before deductions) for all members of your household.

First Name(s)	Source (Employment, E.I., Pensions, PWD Benefits etc.)	Monthly Income

ASSETS: Please list current value of assets held by you and members of your household.

1. Cash/Bank Balance \$ _____ Other (e.g. RRSP, Annuities, Mortgage held by you, etc.)
2. Stocks/Bonds/Term Deposits \$ _____ by you, etc.)
3. Value of Real Estate owned \$ _____ \$ _____

Have you previously lived in subsidized accommodations? YES _____ NO _____

What type of accommodation are you looking for?

___ One Bedroom ___ Two Bedroom ___ Either One or Two Bedroom

Please list your address(es) for the past 2 years.

Address	From (date) to (date)	Name of Landlord	Landlords Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Current Accommodation:

What is your current accommodation?

Apartment _____ Basement Suite _____ Room & Board _____
 Housekeeping Room _____ Hotel/Motel _____ House/Duplex _____
 Living with Family or Friends _____ Mobile Home _____
 Other (Specify) _____

Do You: Rent _____ Own _____ Share Expenses _____ Have Free Accommodation _____

How many bedrooms do you have now? _____

Your current monthly rent \$ _____ Does your rent include heat? YES _____ NO _____

Have you received 'Notice to Vacate' your present tenancy? YES _____ NO _____
(If YES, include copy of notice from your Landlord)

Why do you wish to move? Check off any that apply:

- Current Rent is too high
- More desirable location
- Currently Sharing Accommodation
- Inadequate Bathroom Facilities
- Other (Specify) _____
- Wish to move to another community
- Health Affected: Specify _____
- Currently in Temporary Housing
- Inadequate Kitchen Facilities

DECLARATION: (Please read and sign this statement)

I/We understand that this application does not constitute any Agreement on the part of the Society to provide me/us with rental accommodation. I/We declare that the information given in this Application is correct and complete. I/We understand that it is my/our responsibility to advise the Society of any changes to the information given in this Application and to provide any supporting materials required for my/our Application.

Signature of Applicant: _____ Date: _____

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