



NORTH PEACE SENIORS HOUSING SOCIETY

Suite 101, 9816 – 108th Avenue, Fort St. John, B.C. V1J 5S4

APPLICATION FORM

APPLICANT FULL NAME:		DOB:	
CO-APPLICANT FULL NAME:		DOB:	
CURRENT ADDRESS:			
PHONE NUMBER:		PHONE NUMBER:	
CURRENT HOUSING STATUS:	OWNER:	RENTER:	OTHER:
IF RENTING COMPLETE INFORMATION BELOW:			
LANDLORD NAME:			
PHONE NUMBER:		EMAIL:	
PREVIOUS LANDLORD IF CURRENT PROPERTY HAS BEEN RENTED FOR LESS THAN 3 YEARS:			
LANDLORD NAME:			
PHONE NUMBER:		EMAIL:	
PROPERTY ADDRESS:			
FINANCIAL INFORMATION (Kindly provide bank statements for the past 3 months):			
MONTHLY JOINT /TOTAL INCOME:			
SOURCE OF INCOME:			
OTHER SOURCE OF INCOME:			
CHARACTER REFERENCES (HAVE KNOWN YOU FOR AT LEAST 3 YEARS):			
NAME:		PHONE NUMBER:	
NAME:		PHONE NUMBER:	
EMERGENCY CONTACT:			
NAME:		PHONE NUMBER:	
RELATIONSHIP:		EMAIL:	
NAME:		PHONE NUMBER:	
RELATIONSHIP:		EMAIL:	
BUILDING APPLICATION (MARK WITH AN X YOUR PREFERENCE(s)):			
APARTMENT 1. #9816 -108 AVE.	FULL KITCHEN.		
APARTMENT 2. #10804- 98 ST.	FULL KITCHEN.		
APARTMENT 3. #9907 -110 AVE.	HALF KITCHEN, MANDATORY MEAL PLAN		
APARTMENT 4. #9908 -108 AVE.	HALF KITCHEN, MANDATORY MEAL PLAN		
SUITE APPLICATION (MARK WITH AN X YOUR PREFERENCE(s)):			
BACHELOR:	1 BEDROOM:	2 BEDROOMS:	FLEXIBLE:
SPECIFICATIONS:			
<p>By signing this form, I understand that this complex does not provide any long or short-term care services. I must be able to live independently or arrange my own assisted living if needed. I acknowledge that this facility is smoke/vape-free and does not permit pets. I agree to let the management use my information for reference checks, income verification, and to determine if I'm suitable for independent living. I release them from any liability related to using my information for processing my application. I agree to renew this request annually and to promptly update my contact details if needed. I understand that If I decline an offer three times, my name will be removed for 6 months before reapplication can happen.</p>			
APPLICANT NAME:		SIGNATURE:	
WITNESS NAME:		SIGNATURE:	
DATE RECEIVED AT THE OFFICE:			

