

## **Thompson View Manor**

Box 318, 710 Elm Street, Ashcroft, BC V0K 1A0 Phone: 250-453-9223 Email: tvms@telus.net

## **Application For Tenancy** - Independent Living

ast Name	asking for accommodation)    First Name		Sex	Birth Date	,	Age
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ast Name	First Name		Sex	Birth Date	:	Age
			F M			
none	Cell	Cell		Alternate phone		
urrent address: suite, house #	t, street, city, province, postal of	code (include mailing ad	ldress if different)			
. Residency History:	Please list your address(es) for					
ddress	From Date	To Date	Name of	Landlord	Landlo	rd Phone No.
. Current Accommodati	on: Describe your curre	nt accommodation:				
C. Current Accommodati	on: Describe your curre	nt accommodation:				
C. Current Accommodation	on: Describe your curre	nt accommodation:				
	on: Describe your curre		smoker? Yes	s No	)	
Are you responsible for h		Are you a s	smoker? Yes	s No		
Are you responsible for h	nydro? Yes No	Are you a s	_	sNo		
Are you responsible for h	household pets? Yes	Are you a s	et			is based
Are you responsible for h	household pets? Yes  Number of pets  Explain why you need to re	Are you a s	et			is based

## F. Requirements to be considered on our waiting list for tenancy:

- 1. Applicant must be resident of British Columbia for at least six months. Copy of BC Health Card as proof of residency is required
- 2. Applicant being aged of 65 or over

Note:

- 3. Net income of \$30,000 or less per year for single and \$40,000 or less per year for couple. Copies of Income Tax Filling/Assessment for the last two (2) years is required
- 4. A current letter from physician stating the applicant's physical and cognitive ability to live independently
- 5. References required: Rental reference (if applicable) and two General references

	a) All successful applicants are required to pay their monthly rent by bank direct deposit/transfer on the first (1st) of each month.						
	b) An initial interview with the applicant will be conducted before being considered on our waiting list for tenancy.						
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	Signature of Applicant: Date:						

Return this application with the requirements to:

Thompson View Manor Society 710 Elm St, PO Box 318 Ashcroft, BC V0K 1A0