

MONTHLY INCOME:

PENSION RECEIVED: State the exact amount of last cheque received. Note – if single, fill in left column only.
If married and living with a spouse, fill in both columns.

	YOURSELF	YOUR SPOUSE
1. OLD AGE SECURITY PENSION	\$ _____	\$ _____
or		
OLD AGE SECURITY & FEDERAL SUPPLEMENT COMBINED	\$ _____	\$ _____
2. CANADA PENSION	\$ _____	\$ _____
3. PROVINCE OF BRITISH COLUMBIA G.A.I.N./INCOME SUPPLEMENT	\$ _____	\$ _____
4. OTHER PENSIONS/SUPERANNUATIONS Such as: D.V.A., War Widows, Annuities, Handicapped, Workers' Compensation, etc.	\$ _____	\$ _____
5. OTHER MONTHLY INCOME	\$ _____	\$ _____
	=====	=====
TOTAL MONTHLY INCOME:	\$ _____	\$ _____

GENERAL:

All applicants accepted as tenants in SADDLE MOUNTAIN PLACE are required to sign our standard lease form and a financial statement (similar to the above) for the BRITISH COLUMBIA RENTAL TENANCY ACT.

(This is an **APPLICATION ONLY** and DOES NOT necessarily guarantee that the applicant will be given occupancy or accommodation in Saddle Mountain Place.)

Pets are allowed with restrictions, board approval and \$150.00 refundable deposit.

RENTS:

BACHELOR SUITE	\$ 360.00 per month
ONE BEDROOM SUITE	\$ 465.00 per month
HANDICAPPED SUITE	\$ 565.00 per month

N.B.

IF ACCEPTED, DAMAGE DEPOSIT AND ONE MONTHS RENT MUST BE PAID IN FULL, IN ADVANCE, BEFORE YOU CAN BE GIVEN THE KEYS TO MOVE IN.

NOTE: This is a **NON-SMOKING** facility as of January 1, 2007

NAME & ADDRESS OF TWO (2) CHARACTER WITNESSES – NOT RELATIVES:

1. _____ PHONE #: _____

(Street Address) (City) (Postal Code)

2. _____ PHONE #: _____

(Street Address) (City) (Postal Code)

HOW MANY YEARS HAVE YOU LIVED IN:

Lumby: _____ Years

Dates & Addresses: _____

B.C.: _____ Years

Dates & Addresses: _____

DO YOU OWN A VEHICLE? Make _____ Model _____
Licence Plate No. _____ Prov. _____

Do you have a Lumby mailing address: Yes: No:

If yes, what is it? _____

FOR OFFICE USE:

DATE RECEIVED: _____

DATE APPROVED: _____

SUITE NO: _____ OCCUPANY DATE: _____

RENT: _____ DAMAGE DEPOSIT: _____

PRINT NAME: _____

RENTAL COMMITTEE SIGNATURE: _____

List **ALL** Health problems and Disabilities:

Mobility Issues:

Yes No

Uses aids for mobility:

Yes No

Scooter Walker Cane(s) Wheelchair Other

Cannot walk without a walker

Yes No

Relies on a wheelchair

Yes No

Comments: _____

Difficulties with ADL:

Yes No

Dressing:

Yes No

Comments: _____

Cooking:

Yes No

Comments: (eg: not eating/losing weight) _____

Cleaning:

Yes No

Comments: _____

Personal hygiene:

Yes No

Comments: _____

Needs help with:

Meals	<input type="checkbox"/>	Medications	<input type="checkbox"/>
Grocery Shopping	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Laundry/linens	<input type="checkbox"/>	House keeping	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	Using telephone	<input type="checkbox"/>

Medications – Needs help with medication administration: Yes No

Comments: _____

Experiencing Memory Loss:

Yes

No

Comments: _____

(eg. Has been found wondering down town and has had to have someone pick them up and bring them back to their apartment. Has left food cooking on stove and set off alarm.)

Self Control Problems:

Yes

No

Comments: _____

=====

FOR OFFICE USE ONLY:

Date of 1st Assessment: _____

Signed: _____

Date of 2nd Assessment: _____

Signed: _____

Date of 3rd Assessment: _____

Signed: _____