



**4. Residency History:**

Canadian Citizen    Landed Immigrant    Other

If Other, please explain: \_\_\_\_\_

How long have you lived in Canada? \_\_\_\_\_

How long have you lived in British Columbia? \_\_\_\_\_

Please list your address(es) for the past 5 years.

Address	From Date	To Date	Name of Landlord	Landlord Phone #
		<b>Present</b>		

Have you ever been evicted from tenancy?    Yes    No

Do you owe money on a mortgage?    Yes    No

Have you ever missed a rent payment?    Yes    No

Do you presently owe rent or other monies to a landlord?  
 Yes    No

Have you ever refused to pay rent?    Yes    No

**5. Current Accommodation** (describe your current accommodation as completely as possible)

Rent    Own    Share Accommodation    Have Free Accommodation    Live in a Co-Op

Your currently monthly rent or mortgage   \$ \_\_\_\_\_

If renting, is heat included?    Yes    No

Please describe your current accommodation:

- Apartment    House/Duplex/Townhouse    Housekeeping Room    Basement Suite  
 Room & Board    Trailer    Live with Family/Friends  
 Hotel/Motel    Other (please explain): \_\_\_\_\_

Please check the following that apply to your current accommodation:

- Bathroom    Private    Shared    None  
 Kitchen    Private    Shared    None  
 Balcony/Patio/Greenspace    Private    Shared    None

Are you under notice to terminate your present tenancy?    Yes    No

If Yes, attach a copy of the legal NOTICE TO END A RESIDENTIAL TENANCY from your landlord.

If No, why do you wish to move?

Be specific.

\_\_\_\_\_

**6. Medical Information** (this section **must** be signed by your current physician):

Are you capable of independent living (i.e., able to prepare your own meals and manage household care)?  Yes  No

Do you require daily medical or personal care assistance provided by visiting nurses, family members or minimal visits by a home health aide?  Yes  No

Are you permanently disabled?  Yes  No

Do you require a wheelchair?  Yes  No

Please describe your disability or other significant medical conditions:

Name of current physician	Phone:	Email
Address of current physician: suite, building number, street, city, province, postal code		Years in care
Physician's Comments		
<b>Physician's Statement</b> I certify that the applicant is capable of independent living to the best of my knowledge.		
Signature of Physician	Date	

## 7. Financial Statement:

Each applicant must complete this section.

<p><b>a) Employer/Employment information:</b></p> <p><input type="checkbox"/> I am employed by _____</p> <p><input type="checkbox"/> I am self-employed as _____</p>
<p><b>b) Financial documentation to be supplied:</b> Attach <u>a copy</u> of each of the following income documents:</p> <p><input type="checkbox"/> Canada Revenue Agency (CRA) Notice of Assessment, or reassessment, received for each of the <b>3 most recent taxation years</b>;</p> <p><input type="checkbox"/> Page 2 &amp; 3 of personal income tax returns, filed for each of the 3 most recent taxation years;</p> <p>If neither of the above is available, please provide the appropriate income documents from this list.</p> <p><input type="checkbox"/> <i>[if you are an employee]</i> most recent statement of earnings indicating your total year to date earnings including overtime, or a letter from your employer setting out that information, including your rate of annual salary or remuneration;</p> <p><input type="checkbox"/> <i>[if you are receiving Employment Insurance benefits]</i> the 3 most recent EIC benefit statements;</p> <p><input type="checkbox"/> <i>[if you are receiving Workers' Compensation benefits]</i> the 3 most recent WCB benefit statements;</p> <p><input type="checkbox"/> <i>[if you are receiving social assistance]</i> a statement confirming the amount of social assistance being received;</p> <p><input type="checkbox"/> <i>[if you are self-employed]</i> for the 3 most recent taxation years</p> <p>(i) the financial statements of business or professional practice, other than a partnership, and</p> <p>(ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations not at arm's length;</p> <p><input type="checkbox"/> <i>[if you are a partner in a partnership]</i> confirmation of income and draw from, and capital in, the partnership for its 3 most recent taxation years;</p> <p><input type="checkbox"/> <i>[if you control a corporation]</i> for the corporation's 3 most recent taxation years</p> <p>(i) the financial statements of the corporation and its subsidiaries, and</p> <p>(ii) a statement showing a breakdown of all salaries, wages, management fees or other payments or benefits paid to, or on behalf of, persons or corporations with whom the corporation and every related corporation not at arm's length;</p> <p><input type="checkbox"/> <i>[if you are a beneficiary under a trust]</i> the trust settlement agreement and the trust's 3 most recent financial statements;</p> <p><input type="checkbox"/> <i>[if you own or have an interest in real property]</i> the most recent assessment notice issued from an assessment authority for the property.</p>

To the best of my knowledge, I \_\_\_\_\_ of \_\_\_\_\_ confirm that the information set out in this financial statement is true and complete.

**c) Assets**

Assets	Particulars	Date Acquired	Value
1. Real Estate <ul style="list-style-type: none"> <li>• Attach a copy of the most recent assessment notice for any property that you own or in which you have an interest.</li> <li>• List any interest in land, including leasehold interests and mortgages, whether or not you are registered as owner. Record the estimated market value of your interest without deducting encumbrances or costs of disposition. <i>[Record encumbrances under Debts]</i></li> </ul>			
	Sub-total		
2. Vehicles <ul style="list-style-type: none"> <li>• List cars, trucks, motorcycles, trailers, motor homes, boats, etc.</li> </ul>			
	Sub-total		
3. Financial assets <ul style="list-style-type: none"> <li>• List amounts in savings accounts, term deposits, GICs, stocks, bonds, Canada Savings Bonds, mutual funds, insurance policies, accounts receivable, etc.</li> <li>• Record names of institutions where applicable.</li> </ul>			
	Sub-total		
4. Pensions and RRSPs <ul style="list-style-type: none"> <li>• Record name of institution where accounts are held or name of pension plan and pension details.</li> </ul>			
	Sub-total		
5. Business Interests <ul style="list-style-type: none"> <li>• List any interest you hold, directly or indirectly, in any unincorporated business, including partnerships, trusts and joint ventures.</li> <li>• List any interests you hold in incorporated businesses.</li> <li>• Record the name and address of the company.</li> </ul>			
	Sub-total		
6. Other <ul style="list-style-type: none"> <li>• Include precious metals, collections, works of art and any jewelry or household items of extraordinary value.</li> </ul>			
	Sub-total		
		TOTAL	

**d) Disposal of Property**

List all property disposed of during the 2 years preceding this statement.

Property	Particulars	Date of Disposal	Value

**e) Liabilities**

Describe your liabilities, whether arising from personal or business dealings, by category, such as mortgages, charges, liens, notes, credit cards, accounts payable and tax arrears. Include contingent liabilities.

Liability	Particulars	Date Incurred	Amount
Secured liabilities • Mortgages • Other (specify)			
	Sub-total		
Unsecured liabilities • Bank loans • Personal loans • Credit cards (list) • Other (specify)			
	Sub-total		
		TOTAL	

**8. Personal References (excluding family members)**

Name	Address	Phone	Relationship to Applicant
1.			
2.			
3.			

**9.**

**DECLARATION:** Please read and sign this statement.

I/We hereby apply for tenancy at the PAL Vancouver 581 Cardero Street, Vancouver.

I/We understand that this application does not constitute an agreement on the part of PAL Vancouver to provide accommodation.

I/We understand that it is the responsibility of the applicant(s) to advise PAL Vancouver of any changes to the information given in this application and to provide any supporting materials required.

It is the applicant(s) understanding that:

Rental assistance from PAL Vancouver and net rent levels will be set based on household income.

Rental assistance from PAL Vancouver and net rent levels are linked to operating costs and therefore may change as operating costs change.

Pursuant to the Freedom of Information and Protection of Privacy Act, PAL Vancouver is authorized to make any inquiries necessary to verify information given in this application and any person, corporation or social agency may release to PAL Vancouver any information pertinent to the assessment of this application.

If PAL Vancouver becomes concerned about one or either of the tenant's health and well being and ability to live independently, the local Health Unit may be informed and PAL Vancouver may request an independent living assessment.

I/We certify that, to the best of my/our knowledge, the information on this form is true, correct and complete in every respect and can be verified by PAL Vancouver.

Signature of Applicant	Date
Signature of Co-Applicant	Date