

Peachland Seniors' Support Society 4445 – 6<sup>th</sup>Street Peachland, BC V0H 1X6

Phone: 778-479-9669

Email to: <a href="mailto:psss.manager@outlook.com">psss.manager@outlook.com</a>

## **Residential Tenancy Application**

It is important that you complete all the sections of the application form. The information requested here will help us to assist you and will be treated with strict confidence.

This form is not, nor does it form any part of, a tenancy agreement. The Residential Tenancies Act of British Columbia governs the rights and obligations of tenants and landlord.

The residential property is designated for seniors 55+ and persons with disabilities; therefore, by applying the applicant agrees that all tenants and occupants must be aged 55 years or older.

Information supplied on this form is strictly confidential. Landlords/agents may use it to perform a rental history check but cannot provide it to any third party unless they have written approval from the applicant.

## Information for applicants

Each prospective tenant (except where Joint Tenancy is declared i.e. couples) must complete a *Residential Tenancy Application* form.

NOTE: Please sub	mit to the email or add	dress at the top of this	application for	m
			(primary)	(alternate)
			(primary)	(alternate)
Email:				
Address:				
City			Postal	Code

Accommodation Required One Bedroom Two Bedro	oom Acces	sible			
Do you have any household pets? Yes No If so, type of pet:					
<ul><li>II. Have a weight of</li><li>A Service Dog as defi</li></ul>	height of no more that no more than 30 lbs ined under the Guide nust provide a province	an 12 inches Animal Act. In the cially recognised (	ne case of tenants with disa Certificate for the service do		
Full Names (last name first)		Relati	Relationship to Applicant		
,		Primary App	Primary Applicant		
				_	
Residency History Please list your addresses for the past 3 years. Use a separate sheet if required.					
Address	From (Date)	To (Date)	Landlord's Name	Landlord's Phone Number	
		Present			
References  Please give at least two (2) refetheir contact information. Note:					
Name	Relationship	Phone #	Email Address		
Current Accommodation  Oo you rent or are you the owner?	•	payment \$			
Reason for moving from current accommodation?					

## **Declaration of Income & Assets**

Each adult (55+) in the household needs to declare their income. To ensure attainable rental accommodations are serving low to moderate income households, prospective tenants must provide confirmation of their current gross household income and assets.

## Income

List Gross Monthly Income (BEFORE DEDUCTIONS) for all members of your household from all income sources.

#1 Household Wellib	<u>er.</u> - 1	rievious real Reven	lue Carlada Nolice	Of Tax Assessment Line	ιουφ	
	- (	Current gross monthl	y income (prior to t	axes and deductions)	\$	
*Income Source (ch	eck all	that apply):				
Employment	E.I. 🗖	BC Benefits	Pensions	Other (Specify)		
#2 Household Memb	<u>er:</u> - l	Previous Year Reven	ue Canada Notice	of Tax Assessment Line	150\$	
	- (	Current gross monthl	y income (prior to t	axes and deductions)	\$	
*Income Source (ch	eck all	that apply):				
Employment 🗖 🛚 I	E.I. 🗖	BC Benefits	Pensions	Other (Specify)		
Full Name		Income Source Current Employer, El, Pensions etc.		Current Gross Monthly Income		
						\$
						\$
						\$
						\$
			Total House	ehold Gross Monthly	Income A	\$
			Curre	ent Value of Assets		
				Stocks, Bonds, T	erm Deposits	
				Cash/	Bank Balance	
				Real Es	state Holdings	
				C	Other (specify)	
				Total Value	of Assets	
				Le	ss Exemption	- \$10,000
				Net Value	e of Assets	
			1	% of Net Assets Divide	ed by 12 B	
				Total Monthly Inco	me A + B	

Befor	e sending in your Application	n for Accommodation, check tha	at you have:
	Completed your application	n in full	
	Provided at least two (2) re	eferences	
	Provided three (3) years' re	esidency history including landle	ord names and phone numbers
	Signed the application in the	ne space below	
W	E WILL NOT CONSIDER YO	OUR APPLICATION WITHOUT COMPLETED.	TALL OF THE REQUIRED INFORMATION
De	eclaration		
Ple	ease read and sign this stater	ment if you consent to the follow	ving:
	the assessment of the application	cation for tenancy. Pursuant to an make any inquiries that are	ormation they have to the Society relative to the Freedom of Information and Protection necessary to verify information given in this
	of my/our knowledge and ca from one or more agencies	n be verified by the Society inclu	and complete in every respect to the best uding obtaining personal reports on me/us credit check may be done by the Society nices and income verification.
	I/We understand this applic provide me/us with rental ac		agreement on the part of the Society to
	application and to provide	relevant supporting materials	hanges to the information given in this required or requested and that it is my/our the date of this application to maintain an
	I/We understand the Society the Society.	/ will de-activate this application	n 12 months after my/our last contact with
		bank account and am prepare y rent and any other payments	d to enter into a Payer's Pre-Authorized paid directly.
	order to confirm MY/OUR elig		te income documentation to the Society in The required documentation will include all ths of all bank statements.
I/W		read, understood Section 5 abo	his application is true, correct and complete ANE ve and agree to the authorizations and consents
Sign	ned X	Signed X	Date:

Prior to signing a tenancy agreement, all tenants must provide identification, proof of income and verification of assets as part of our screening process to determine suitability for affordable rental housing.