



Peachland Senior Citizens Housing Society

Mailing address:
Box 1148
Peachland, BC
V0H 1X0
250-767-0183

APPLICATION FOR WAIT LIST PLACEMENT

We are a 33 unit apartment complex located on 5th street in Peachland. Our accommodations are for independent living seniors over 55, with low to moderate income. There is no live-in manager on site.

WE ARE NOT A GOVERNMENT BC HOUSING SUBSIDIZED COMPLEX.

The apartments and all surrounding property are designated Non-Smoking.

All apartments are **one-bedroom**, and include cable, heat, air conditioner and electricity. The free laundry facilities are in the common room. Tenants are responsible for their own phone and internet connection. Laundry Appliances are not allowed in the apartments.

Who Qualifies

Mobile Independent Non-Smoking Seniors with low to moderate income, (55 years of age or older) who can live independently and manage for themselves.

The accommodations are NOT wheelchair accessible. There is no storage for wheelchairs, scooters or other mobility requirements.

A Tenant is permitted to bring either one cat or one small dog per suite, not more than 30 pounds or 18 inches in height. Should you lose your pet for whatever reason during your tenancy you will not be permitted to get another.

Purpose of this Form

This application form is designed to collect specific information from applicants seeking independent living housing

How to Apply

Apply directly to the society which manages the building:

1. Complete the wait list application form
2. Call the office manager at 250-767-0183 to book a time to review the application
3. Review the application with the manager

Lois Benko
Manager

#6-4441 5th Street
Peachland, BC

250-767-0183
info@peachlandseniorhousing.com

Application for Wait List Placement

This form is designed to help the landlord choose who will rent the premises. This form is not, nor does it form any part of, a tenancy agreement. Information on this form is strictly confidential

Name: _____ Phone: _____

Address: _____ Email: _____

Date of Birth: _____

Determination and Declaration of Income:

(You must attach copies of all applicants most recent Income Tax Return/ Notice of Assessment).

Important Note: This Facility provides housing for low and moderate income tenants, Age 55+, therefore you must meet the income requirements: (The threshold for 2017, for residential units with less than two (2) bedrooms, is a gross household income that does not exceed \$69,360).

FULL NAME	SOURCE OF INCOME	GROSS MONTHLY INCOME

If you want to apply for a specific type of suite please indicate below:
You will only be called for an opening of what you have selected here.

I would like to occupy:
Alexandra Building :(10 only) 500 square foot unit - rent of \$630.00 per month ____

Sutherland building:
(6 only) 552 square foot unit - rent of \$780 per month ____
(17 only) 504 square foot unit - rent of \$730 per month ____
(1 only) 480 square foot bachelor suite - rent of \$580 per month ____

I would like to be located on the:
Ground floor ____
Upper floor ____

I would like to be located:
Front Unit ____ (faces north)
Back unit ____ (faces south)

Please circle all acceptable choices:
Tub with shower Shower only Either

CURRENT VALUE OF ASSETS

Stocks /Bonds/ Term Deposits	
Cash / Bank	
Real Estate Holdings	
Other	
Total Value of Assets	
Less Exemption	10,000.00
Monthly income from assets (5% of assets divided by 12)	

I/We declare that the information given in this Application is true, correct and complete in all respects.

I/We declare that a copy of required insurance coverage will be provided prior signing of the Tenant Contract and annually thereafter.

I/We declare that all applicants listed above are non smokers.

I/We agree that falsifying the information on this application is cause for immediate cancellation of the application.

Signed:

