

OAKBANK-SPRINGFIELD KINSMEN SENIORS COMPLEX INC.

INDEPENDENT HOUSING APPLICATION

Application Intake Use Only
Date Office Received Application:
File Number:

Springfield Place _____
Kin Place _____
No Preference (first available)_____
Parking spot requested _____
<u>"Non-Smoking" Buildings and No Pets Allowed</u>

APPLICANT
Last Name
First Name
Current Legal Address (emergency nbr/rd.)
Current Mailing Address
Postal Code
Home Phone Number ()
Alternate Phone Number ()
Email Address:
Date of Birth (include year)

CO-APPLICANT
Last Name
First Name
Current Legal Address (emergency nbr/rd.)
Current Mailing Address
Postal Code
Home Phone Number ()
Alternate Phone Number ()
Email Address:
Date of Birth (include year)

SECTION B: MEDICAL

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Do you have a medical condition, medical needs or a disability that is directly related to tenancy? Examples -- mobility/wheelchair, walker, scooter, visually impaired oxygen, medical supplies, etc. If yes, please explain: Feel free to use a separate sheet of paper if necessary.	YES ____ NO ____	YES ____ NO ____
Are you currently receiving Regional Health Authority Support Services such as Home Care?	YES ____ NO ____	YES ____ NO ____
If YES, indicate how often. Number of times per day or week.		
Are support services being provided by another person(s); including family? If so, by whom?	YES ____ NO ____	YES ____ NO ____
If YES, indicate how often. Number of times per day or week.		
What type of support services do you presently receive? These services can include meal preparation, bathing, household maintenance, medication reminder, laundry, yard maintenance, or other. Please specify:		

SECTION C: INCOME INFORMATION

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Please indicate your annual income at time of application.		
<p>Please attach a photocopy of your most recent "Notice of Assessment" from Canada Revenue Agency to verify this information. This is important as applicants for independent housing must fall within the Housing Income Limit guidelines established by Canada Mortgage and Housing Corporation.</p>		

SECTION D: CURRENT LIVING STATUS

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Do you live in a private/own home?	YES ____ NO ____	YES ____ NO ____
Do you live in other family or friends' homes?	YES ____ NO ____	YES ____ NO ____
Do you live in other seniors' housing?	YES ____ NO ____	YES ____ NO ____
Do you have a spouse or parent in Kin Place Personal Care Home or Springfield Place Supportive Living?	YES ____ NO ____	YES ____ NO ____
How many years have you lived at your current address?		
Have you ever been a resident of the R.M. of Springfield?	YES ____ NO ____	YES ____ NO ____
If you answered yes above, how long did you live there?	_____years	_____years
Do you have family living in the R.M. of Springfield?	YES ____ NO ____	YES ____ NO ____
Do you hold a valid driver's license?	YES ____ NO ____	YES ____ NO ____
Do you currently drive a motor vehicle?	YES ____ NO ____	YES ____ NO ____

COMMENTS: Please explain in brief why you are applying for residency at either Kin Place or Springfield Place; including any condition that may affect your move.

AUTHORIZATION AND DECLARATION

I understand that this application does not constitute an agreement on the part of Oakbank-Springfield Kinsmen Seniors Complex Inc. or its agent to provide me with rental accommodation.

I acknowledge that this application becomes the property of Oakbank-Springfield Kinsmen Seniors Complex Inc. upon delivery by me to it or its agent. I agree to notify Oakbank-Springfield Kinsmen Seniors Complex Inc. immediately of any change in circumstances affecting this application.

I further acknowledge the right of Oakbank-Springfield Kinsmen Seniors Complex Inc. at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke or cancel without penalty or liability for damages or otherwise, any acceptance or approval of this application.

Your family's personal information collected by Oakbank-Springfield Kinsmen Seniors Complex Inc. will be used to establish eligibility for rental housing accommodations. It is protected under *The Freedom of Information and Protection Privacy Act* (FIPPA). Personal health information (if any) is protected under the *Personal Health Information Act* (PHIA). If you have any questions about the collection of personal information, please call the Chairperson of Oakbank-Springfield Kinsmen Seniors Complex Inc.

PROTECTION OF PRIVACY

I/We understand and consent to allow Oakbank-Springfield Kinsmen Seniors Complex Inc. to share information on this Application Form and any subsequent changes with the appropriate housing programs for the purposes of ensuring eligibility and to determine housing needs. All documentation may be forwarded to the appropriate housing program once housing accommodation is made available.

I/We hereby authorize Oakbank-Springfield Kinsmen Seniors Complex Inc. to conduct a personal investigation, including past and present landlord reference checks and utility checks.

SIGNATURES:

APPLICANT: _____ Date: _____

CO-APPLICANT: _____ Date: _____

Please return application to:

Oakbank-Springfield Kinsmen Seniors Complex Inc.
200-628 Main St., Oakbank, MB R0E 1J1

If you have any questions, please do not hesitate to call Sharon Bissonnette at (204) 444-3132.