



## *Kiwanis Village Society of Victoria, BC*

1419 Mallek Crescent, Victoria, B.C. V8T 2R3

Phone: (250)595-0331 Fax: (250)595-6106; reception@kvsv.org

Where do you wish to live? Victoria complex \_\_\_\_\_ Sidney complex \_\_\_\_\_

You require residency for: *one person* \_\_\_\_\_ *two people* \_\_\_\_\_ You require a: *bachelor unit* \_\_\_\_\_ *one bedroom* \_\_\_\_\_

Applicant's Full Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Driver's License \_\_\_\_\_ Smoker? Yes No

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Insurance # \_\_\_\_\_ Driver's License \_\_\_\_\_ Smoker? Yes No

Present Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Rent \$ \_\_\_\_\_

Phone \_\_\_\_\_ Contact # (if necessary) \_\_\_\_\_ e-mail \_\_\_\_\_

Length of Residency \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Do you own this home \_\_\_\_\_

Manager/Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Have you previously owned your own home? Yes No If yes, date sold \_\_\_\_\_

Other locations resided in BC: \_\_\_\_\_ Years \_\_\_\_\_

Automobile: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Licence # \_\_\_\_\_ Colour \_\_\_\_\_

### **Financial Information**

Canada Pension (per month) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Old Age Pension (per month) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Provincial Supplement (GAIN) (per month) \$ \_\_\_\_\_ \$ \_\_\_\_\_

SAFER (Shelter Aid for Elderly Renters) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Superannuation or Other Pensions (per month) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch & Address \_\_\_\_\_

Phone \_\_\_\_\_ Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Credit Reference: Company or Financial Institution \_\_\_\_\_

Credit Card or Account # \_\_\_\_\_

Assets: RRSP/RRIF's approx. value \$ \_\_\_\_\_ Real Estate Holdings approx. value \$ \_\_\_\_\_

Stocks, Bonds, Certificates of Deposit, GIC's, investments approx. value \$ \_\_\_\_\_

**“Notice of Assessment” from Revenue Canada is required to complete the application.**



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### **Current Employment:**

Employer \_\_\_\_\_ Position \_\_\_\_\_ How Long \_\_\_\_\_

Address: \_\_\_\_\_ Salary Range \_\_\_\_\_ Phone \_\_\_\_\_

### **Personal/Family References for Emergency Contact**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph: \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Ph: \_\_\_\_\_ Relation \_\_\_\_\_

**\*\*Pets are not allowed, except two birds kept in cages and fish kept in aquariums.**

**The Landlord is not responsible for loss or damage to your personal possessions.**

**\*\*Insurance: You are responsible to insure your personal belongings and to obtain third party liability.**

### **TO KIWANIS VILLAGE SOCIETY**

1419 MALLEK CRESCENT, VICTORIA, BC V8T 2R3

**CONSENT: For the purpose of determining whether my/our application for tenancy is acceptable, I/we hereby consent to the Landlord obtaining credit/personal/medical information reports on me/us (including spouse) from one or more consumer reporting agencies or from other sources of such information. I/we authorize the reporting agencies and other persons to disclose information on me/us to the Landlord or Landlord's authorized agent.**

**I/we understand that the premises are made available for financially qualified tenants who require year round accommodation. I/we agree and understand that the Society may periodically review the qualifications of the Tenant to occupy the premises and that my/our tenancy may be terminated should I/we earn income in excess of the limits set by the landlord. The Society may take a security deposit to hold a unit. If the Applicant does not take the unit after agreeing to do so, the security deposit is forfeited.**

I/we \_\_\_\_\_ and \_\_\_\_\_

solemnly state that my/our income does not exceed \$ \_\_\_\_\_ per month.

DATED \_\_\_\_\_, 20\_\_\_\_\_.

### **APPLICANTS SIGNATURE:**

Mr \_\_\_\_\_ Ms/Mrs \_\_\_\_\_

**\*\*APPLICANTS MUST PROVIDE THREE (3) MONTHS OF CURRENT BANK STATEMENTS FROM ALL ACCOUNTS. APPLICANTS MUST UPDATE THEIR APPLICATION EVERY 3-4 MONTHS OR WILL BE REMOVED FROM THE WAITLIST AFTER ONE YEAR.\*\***