

**APPLICATION FOR ACCOMMODATION-SENIOR CITIZENS
(CONFIDENTIAL)
PLEASE READ CAREFULLY**

Seniors are qualified for self-contained housing if they are functionally independent or functionally independent with the assistance of community based supports (ie - homecare, etc). I understand that **VERMILION & DISTRICT HOUSING FOUNDATION** may use an interview process during applications to determine if I am suitable to live independently.

I further understand that this application does not constitute an agreement on the part of **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents, to provide me with rental accommodation.

I further acknowledge the right of **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents, 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 previously made or given.

I further acknowledge that VERMILION & DISTRICT HOUSING FOUNDATION, or its agents, may request a formal interview to assess my suitability to living independently

I hereby authorize **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents to investigate any or all of the statements made herein, being fully aware that discovery of any false statement shall cancel any further consideration of my application.

I further agree that I am obligated to advise **VERMILION & DISTRICT HOUSING FOUNDATION**, or its agents, in writing, of any changes in family composition, gross family income, assets, employments or change of address, should they occur.

I ALSO AGREE THAT THE INFORMATION PROVIDED BY ME PERTAINS TO ALL PERSONS NAMED WITHIN THIS APPLICATION.

APPLICANT NAME

WITNESS NAME

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE

10. Is your present accommodation a: House Apartment Rooming House Motel or Hotel
or Other _____

11. Rooms in your present accommodation: Kitchen Living Room Dining Room
_____ Bathroom(s) _____ Number of Bedrooms

12. Number of person(s) sharing your present accommodation: _____ Adults _____ Children

13. Do you share with other occupants the use of the kitchen, the bathroom or your bedroom? Yes No

If yes, Number of Person(s) sharing the kitchen _____

If yes, Number of Person(s) sharing the bathroom _____

If yes, Number of Person(s) sharing the bedroom _____

14. Are your shower and/or bathtub, toilet and washbasin all located in your bathroom?

Yes No If NO, please give details: _____

15. Are your stove, refrigerator, cupboards, counter space and sink, all located in your kitchen?

Yes No If NO, please give details: _____

16. Do you have a pet? Yes No

If YES, what kind(s) and how many of each? _____

17. Reasons for wanting to move: _____

