

Application for Accommodation (Confidential)



Please Read Carefully

I understand this application does not constitute an agreement on the part of AVENS – A Community for Seniors to provide me with rental accommodation.

I further acknowledge the right of AVENS, at any time before a lease is signed by me, to cancel this application without penalty.

I hereby authorize AVENS to investigate any or all of the statements made herein, and in addition, to verify all sources of income, being fully aware that discovery of any false statement may cancel further consideration of my application.

I further acknowledge I am obligated to advise AVENS, in writing, of any changes in household composition, gross household income, statement of net worth, changes of address, changes of independence, or changes to my criminal record, should they occur.

I also agree the information provided by me pertains to all persons named within this application.

Witness

Applicant 1

Applicant 2

Dated this _____ Day of _____, 20 _____

Note 1: Application information must be updated each year.

Note 2: A “Medical Information Document”, completed by the applicant’s physician or nurse practitioner, AND a current Canada Revenue Agency Notice of Assessment must accompany this application and be submitted annually thereafter.

Note 3: If you are applying for a subsidized unit (Aven Court only), a “Net-Worth Document” must accompany this application.

Note 4: When you are selected for a unit, you will be provided with a Criminal Records Check form to be submitted to the local RCMP Detachment **at that time.**

Part A



☐ Joint Application

☐ Single Application

Note: Applicants for joint tenancy who do not currently live in the same household should submit 2 separate application forms, and each should indicate the desire to live together in additional information.

1. General Information

	Applicant #1	Applicant #2
Surname		
Given Name		
Date of Birth		

2. Citizenship

	Applicant #1	Applicant #2
Canadian Citizen		
Landed Immigrant		
Other (Explain)		

3. Current Address

Box, Street, Apt	
City, Province	
Postal Code	
Home Phone	
Work Phone	
Email Address	
Length of Time at Current Address	
Length of Time Living in NWT	

4. Preferred Communication Method

☐ Mail ☐ Email ☐ Phone

5. Do you smoke?

*Please note that all AVENS buildings are smoke free, and there are designated smoking areas on campus.

☐

Yes

☐

No

6. Do you have a pet?

*Only applicable to Aven Ridge and Aven Court. Pets are not allowed in Aven Pavilion.

☐

Yes

☐

No

AVENS has a pet policy. If you have a pet, you must complete the Pet Authorization / Acknowledgement form (please request form from AVENS) and submit it for approval by the AVENS Housing Committee immediately upon notification of an assignment of a unit and prior to moving in.

7. Do you have a vehicle?

*Parking is limited, therefore, if space is available, only one vehicle per household will be authorized, enquire with the Director of Community Housing for availability.

☐

Yes

☐

No

Please describe your vehicle year, make, model, colour, and license plate number

--

8. Do you own or rent your present accommodation?

☐

Rent

☐

Own

9. If renting, please provide landlord information:

Landlord Name		
Phone		

I (we) authorize AVENS to contact my (our) current landlord for a reference.

☐

Yes

Signature

10. Two References (No Relatives)

Reference #1	
Name	
Phone Number	
Email Address	

Reference #2	
Name	
Phone Number	
Email Address	

11. How much assistance do you need on a daily basis with things like taking medication, grooming, eating, and personal care:

☐ I am completely independent	☐ I require <i>moderate</i> nursing or other professional support
☐ I require <i>minimal</i> non-professional assistance	☐ I require <i>considerable</i> nursing and other professional support
☐ I require <i>moderate</i> non-professional assistance and/or <i>limited</i> nursing care	☐ I require <i>24hr</i> nursing services and medical supervision

12. I authorize the AVENS Medical Advisor to speak confidentially with my physician/nurse practitioner about my ability to live independently

(Note: The Medical Advisor will release no details to AVENS except information directly related to independent living).

Applicant 1

☐ Yes _____
Signature

Applicant 2

☐ Yes _____
Signature

13. Gross Household Income

	Applicant #1	Applicant #2
Provide the amount from line 15000 of last year's "Income Tax Return" or "Notice of Assessment"		
If you received a T4RSP slip, please indicate the combined amount from Box 22 and Box 26.		

14. All applicants are required to attach a Personal Statement of Net Worth if you are applying for a designated (subsidized) unit.

Personal Statement of Net Worth provides a realistic listing of the assets owned and debts. For a template, see Statement of Net Worth.

*** Note: All income may be verified by AVENS upon acceptance.

15. Please check all facilities for which you are submitting an application.

☐

Aven Pavilion

☐

Aven Ridge

☐

Aven Court (Subsidized)

End of Part A

Applicants whose combined gross income exceeds \$60,400* are not required to complete Part B of this application form.

Applicants whose combined gross income is \$60,400* or lower, please proceed to Part B to complete the application form for a subsidized unit.

*\$60,400 is the Core Need Income Threshold for 2-bedroom or less unit established by the Canada Mortgage and Housing Corporation.

Part B



15. What are your housing expenses?

(joint applicants should provide combined information)

Annual rent or mortgage payments	/per year
Property tax	/per year
Home insurance/per year	/per year
Heating expenses	/per year
Power, water and sewer	/per year
Other (lot rental, condo fees)	/per year
Total Yearly Expenses	

16. Are you receiving Income Assistance from the Government of the NWT?

☐

Yes

☐

No

17. Is your present accommodation a:

☐

Unsubsidized house, apartment, mobile home, etc.

☐

Cabin

☐

Subsidized public housing

☐

Living in the bush

☐

Motel, hotel or rooming house (with no kitchen facilities)

☐

Other (explain)

18. Number of person(s) sharing your present accommodation:

Number of Adults	
Number of Children	

19. Number of bedrooms in your present accommodation:

Number of Bedrooms	
--------------------	--

19. Do you share accommodations with anyone?

☐

I live alone

☐

I am a roommate or lodger in someone else's home

☐

I live with my spouse/partner only

☐

I live in a family member's home

☐

I have a roommate or lodger, but I am the owner/lease-holder

☐

Other (please explain):

20. Please indicate the condition of your present accommodation:

Factor	Adequate	Inadequate (defective/unsafe)
Kitchen		
Bathroom		
Heating		
Water		
Sewer/Plumbing		
Stairs		
Environment (air quality, noise, mould, etc)		

Please explain any inadequacies below:

21. Do you feel safe in your present accommodation?

☐

Yes

☐

No

If no, please explain:

22. Reason for wanting to move to AVENS:

** If you have been given a "Notice to Vacate", please submit a copy of the notice and state the reason for eviction**

23. Any other related information you wish to provide?

24. If your 1st preference is for a "designated (subsidized)" unit, would you like to be contacted if a "non-designated (market)" unit becomes available?

Financial resources/ability to pay market rental rates will be requested by the housing committee.

☐ Yes

☐ No

NOTE: by indicating "yes", and if offered a "non-designated" unit, you will not receive any priority or preferential consideration on the "designated" wait list.