AVENS
A Community
for Seniors

AVENS Independent Housing Application Checklist

Items that need to be submitted:

- [ ] **Completed & Signed application by all applicants listed.**
(Part B is for subsidized units only – information included is for needs assessment)

- [ ] **Copy of Notice of Assessment (from most recent year)**
(For subsidized units only – line 1500 must be less than $60,400 to qualify)

- [ ] **Medical Information Document completed by a Physician**

For any questions, please contact Housing at
housing@avensseniors.com

ATTACHMENT A

Application for Accommodation (Confidential)

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Please Read Carefully

I understand this application does not constitute an agreement on the part of the 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 designated (subsidized) unit, 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.**

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Applicant Number: _____

Part A

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☐ **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	

4. Preferred Communication Method

☐ Mail ☐ Email ☐ Phone

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Applicant Number: _____

5. Do you smoke indoors?

	Applicant #1	Applicant #2
Yes		
No		

*Please note that AVENS campus has designated smoking areas

6. Do you have a pet?

☐ 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?

☐ Yes

☐ No

If yes, how many vehicles in total? (provide details)

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

AVENS USE ONLY

Applicant Number: _____

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 *minimal* non-professional assistance
- ☐ I require *moderate* non-professional assistance and/or *limited* nursing care
- ☐ I require *moderate* nursing or other professional support
- ☐ I require *considerable* nursing and other professional support
- ☐ I require *24hr* 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

AVENS USE ONLY

Applicant Number: _____

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.

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Applicant Number: _____

Part B

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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.

☐ Subsidized public housing

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

☐ Cabin

☐ Living in the bush

☐ 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	

20. Do you share accommodations with anyone?

☐ I live alone

☐ I live with my spouse/partner only

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

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

☐ I live in a family member's home

☐ Other (please explain):

_____

AVENS USE ONLY

Applicant Number: _____

21. 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:

22. Do you feel safe in your present accommodation? ☐ Yes ☐ No

If no, please explain:

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Applicant Number: _____

23. 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**

24. Any other related information you wish to provide?

25. 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.

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Applicant Number: _____

Personal Statement of Net Worth

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Assets

*Please list all current assets. If you have an asset that does not fit into a category provided, please include under other with a description.

Bank Accounts (Chequing or Savings)	Bank Name & Address	Current Balance
Investments (GIC, Term Deposits, Stocks, Bonds, Mutual Funds, etc.)	**Institution & Address**	**Current Balance**
Property (Vehicles, Real Estate, Valued Collectibles, etc.)	**% of Ownership**	**Assessed Value**
Trust (Any Assets held in Trust)		
Other Assets	**Detailed description**	**Assessed Value**
	Total Assets	

Liabilities		
Outstanding Debts (Loans, Lines of Credit, Credit Cards, Money owed to others, Mortgages, etc.)	**Institution & Address**	**Current Balance**
Other Liabilities	**Institution & Address**	**Current Balance**
	Total Liabilities	

Declaration

☐ I have chosen to attach a copy of my personal statement of net worth.

☐ I have chosen to use the template provided to demonstrate my personal net worth.

Signature _____ Date _____

Authorization for Information

I hereby authorize any person, agency or organization, including Federal/Provincial or Municipal Government Departments to release to AVENS or its Representative(s) information required for the purposes of determining and verifying my eligibility for housing. Without restricting the generality of foregoing, I understand this authorization may include requests for information pertaining to my marital status, employment, credit records, medical, or family conditions, and benefits received under other programs.

I hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested. Further, that I authorize that all documents may be transmitted via public fax machines, and electronic messages to and from AVENS from time to time, at their discretion.

Dated at the _____ (City) on this _____ day of _____ month, _____

Signature _____ Printed _____

Witness _____ Printed _____

Medical Information Document

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AVENS provides housing to seniors who can live independently, without the need for daily professional care. Each applicant must have a physician or nurse practitioner complete this confidential form to confirm their eligibility.

Name of Physician or Nurse Practitioner		
Physician/Nurse Phone Number		
Physician/Nurse Email		

This form is being completed for:

Name		
Date of Birth		

Activities of Daily Living

What level of independence does the client demonstrate in completing the following tasks?

Activity	Completely Independent	Independent with mild support	Independent with moderate to intense support	Completely Dependent
Bathing				
Toileting				
Oral Care				
Grooming				
Dressing				
Medications				
Eating				
Food Preparation				
Transferring				
Mobility				
Transportation				
Communication				
Housekeeping				
Laundry				
Shopping				
Financial Matters				

Other Comments / Information required to determine if an apartment at AVENS is suitable for this applicant:

1. Is this individual independently mobile (including with the use of mechanical aids)?

☐ Yes ☐ No

Comments

2. What level of assistance* does this individual require with activities of daily living, such as taking medication, grooming, eating, personal care:

☐ None (this individual is completely independent)

☐ Level 1 (this individual requires minimal non-professional assistance)

☐ Level 2 (this individual requires moderate non-professional assistance and/or limited nursing care)

☐ Level 3 (this individual requires moderate nursing or other professional support)

☐ Level 4 (this individual requires considerable nursing and other professional support)

☐ Level 5 (this individual requires 24hr nursing services and medical supervision)

*Based on the GNWT Department of Health and Social Services "Levels of Service Needs in Continuing Care"

Please elaborate if response is Level 1 through 5:

_____

3. Does this individual have any type of dementia that will worsen over time, thereby affecting his/her ability to live independently?

☐ Yes ☐ No

Comments

_____ _____

Signature of Physician or Nurse Practitioner Date

We thank you for your time in completing this report.