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Northern Rockies Seniors Society

Heritage Place

Application Date: _____

TENANT APPLICATION FOR SUPPORTED LIVING

All information is strictly confidential.

If you are applying as a couple please put both names on the application.

Applicant _____

Co-applicant _____

Address _____ Phone _____

Date of Birth _____ Health (any disabilities) _____

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Special Dietary Needs: _____

Single Married Divorced Separated Widowed

Smoker Non Smoker

Who would be occupying the suite at Heritage Place (i.e. yourself, parent, loved one, you and your spouse etc.) _____

When would you require a unit if one were available? Please specify an approximate time frame.

Immediately Other? _____

Are you presently receiving a monthly S.A.F.E.R. cheque? Yes No

If you are not familiar with the S.A.F.E.R. program please inform the Housing Staff and they will provide you with details to see if you may qualify.

Type of present accommodation: **Rent** **Own**

Living with family or friends Other (specify) _____

Since vacancies are limited, is there anything you would like to tell us about your current accommodation or personal situation that would help us to understand your need/desire for supported seniors' housing?

Why would you like to live in Heritage Place?

Are you involved in any community activities?

SPONSOR -

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Ph# : _____ (H)

Ph#: _____ (H)

_____ (W)

_____ (W)

The information I have provided is true and accurate.

Signature of Applicant: _____

Signature of Co-applicant/Sponsor: _____

Thank you for taking the time to complete this application. It will be kept on file and looked at when vacancies arise at Heritage Place.