



VRS COMMUNITIES for the Physically Disabled

#310 - 2006 West 10th Ave., Vancouver, B.C. V6J 2B3

ACCEPT: _____
DATE: _____
REGION: _____

BLAIR COURT

APPLICATION FOR ACCOMMODATION

Tick the box	Mr. Applicant SURNAME (please print) then First Names(s) Mrs. Miss Ms.	Mr. Mrs. Miss Ms.	Name 2	Home Phone No.
Home Address (Apt. No. / Street Address)				Business Phone No.
(City)	(Province)	(Postal code)		Phone No. for Messages

HOUSEHOLD COMPOSITION. List yourself on the line A, then list all other persons in your household who will be living with you. If more than 4 people, attach extra names on a separate sheet.

No. of Bedrooms: ()

A	B	C	D	E	FULL NAME(S)-SURNAME FIRST	BIRTHDATE			AGE	SEX	RELATIONSHIP TO APPLICATION
						day	month	year			
											APPLICANT

Do you expect the size of your household to change in the next 12 months. YES NO
If yes, please explain:

DISABILITIES/HEALTH PROBLEMS. List, on the line below, any member of your household with a significant disability/health problem which VRSPD needs to be aware of.

NAME	WHEELCHAIR	TYPE OF DISABILITY/HEALTH PROBLEM
	Yes No	
	Yes No	
	Yes No	

INCOME INFORMATION. List Gross Monthly Income (i.e. before deductions) for all members of your household, from all sources. Proof of income must be attached.

NAME	SOURCE (e.g. employment, UIC, Pension(s), GAIN, etc.)	MTHLY INCOME
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MONTHLY INCOME FOR HOUSEHOLD		\$

ASSETS. Please list current value of all assets held by you and members of your household. Verification of assets should be attached.

CASH/BANK BALANCE	STOCKS/BONDS/TERM DEPOSITS	REAL ESTATE OWNED	OTHER (e.g. RRSP, Annuities, Mortgage held by you, etc.) List below. (1)
\$	\$	\$	(2)
\$	\$	\$	(3)

RESIDENCY HISTORY. Please list your address(es) for the past 2 years.

Address	From (Date)	To (Date)	Name of Landlord	Landlord's Phone #

Have you at any time lived in VRSPD accommodation before? Yes No
If yes, what was the name and/or address of the development? _____
What were the dates of your residency? From _____ To _____
Under whose name was the Tenancy?
(i.e. who was the Head of the Household _____

PRESENT ACCOMMODATION. Please describe your present accommodation as completely as possible by checking/completing the information below:

Is your present accommodation	APARTMENT	HOUSE/DUPLEX/TOWNHOUSE	HOUSEKEEPING ROOM
	BASEMENT SUITE	ROOM & BOARD	TRAILER
	LIVING WITH FAMILY OR FRIENDS	HOTEL/MOTEL	
	OTHER (Please explain) _____		

Please state	No. of bedrooms your household presently occupies:	your current monthly rent: \$	your average monthly payment for utilities: \$ (if any)
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Do you	RENT	OWN	SHARE EXPENSES	HAVE FREE ACCOMMODATION	LIVE IN A CO-OP
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Does your present accommodation have	Bathroom:	SHARED	PRIVATE	
	Kitchen:	SHARED	PRIVATE	
	Laundry:	SHARED	PRIVATE	NONE
	Outdoor play facilities:	Yes	No	

Does your rent include	Heat:	YES	NO	Electricity:	YES	NO
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Do you require a Homemaker or Attendant? YES NO
 If yes, approximately how many hours of care per day/week? _____

Do you have any household pets? YES NO If yes, please specify: _____

Are you under notice to terminate your present tenancy? YES NO
 If yes, a copy of the Notice to Terminate from your Landlord must be attached.

If you are not under notice, why do you wish to move? (Please be specific)

RENT SUPPLEMENT PROGRAM. The Federal and Provincial Governments provide financial assistance to eligible tenants of VRSPD units to limit their tenant rent contribution to 30% of gross household income.
