APPLICATION FOR TENANCY

2610 Grandview Hwy S., Vancouver BC V5M 4P5
Tel (604) 433-1778 Have Questions: info@casaserena.ca
Email your application to: **application@casaserena.ca**

Occupancy Seeking	☐ Single Occupancy ☐ Double Occupancy
Smoking	☐ Smoker ☐ Non-Smoker
Pets	☐ Pets ☐ No Pets

Why are you looking to move?	
When are you looking to move?	
Are you currently under an eviction notice?	☐ No ☐ Yes If yes, date of eviction:
Reason for eviction	
Do you know another tenant in our building?	☐ Yes ☐ No
Do you require any special needs?	
How did you hear about Casa Serena?	

1. APPLICANT INFORMATION

INFORMATION	APPLICANT 1	APPLICANT 2
LAST Name		
First Name		
Current Address		
City		
Postal Code		
Telephone (Residence)		
Telephone (Mobile)		
Email		
Date of Birth (month-day-year)		
Current Age		
Do you already have a BC Housing Registry#	☐ No ☐ Yes, **ID#**:	☐ No ☐ Yes, **ID#**:
Current Status	☐ Employed ☐ Retired ☐ Disability	☐ Employed ☐ Retired ☐ Disability

INFORMATION	APPLICANT 1	APPLICANT 2
Where were you born?		
Are you a Canadian Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
How many years lived in BC?		
Smoking	☐ Smoker ☐ Non-Smoker	☐ Smoker ☐ Non-Smoker
COVID 19 Vaccinated	☐ Yes ☐ No	☐ Yes ☐ No
Living/Assistance Status	☐ Can Live Independently ☐ Need Some Assistance	☐ Can Live Independently ☐ Need Some Assistance
Disability - Mobility (Select all that apply)	☐ Cane ☐ Walker ☐ Scooter ☐ Wheelchair	☐ Cane ☐ Walker ☐ Scooter ☐ Wheelchair
Are you able to use stairs?	☐ Yes ☐ No	☐ Yes ☐ No
Disability - Respiratory	☐ Oxygen Tank	☐ Oxygen Tank
Disability - Other (Select all that apply)	☐ Vision ☐ Hearing ☐ Cognitive ☐ Dementia ☐ Other:	☐ Vision ☐ Hearing ☐ Cognitive ☐ Dementia ☐ Other:
Do you wear an emergency LifeLine alert necklace/device?	☐ Yes ☐ No	☐ Yes ☐ No
Do you require adaptive devices in the washroom?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have any Home Care Services at this time?	☐ Meal Prep ☐ Medication ☐ Bathing ☐ Dressing ☐ Cleaning/Chores	☐ Meal Prep ☐ Medication ☐ Bathing ☐ Dressing ☐ Cleaning/Chores
Are you currently on a Meal Delivery Program	☐ Yes ☐ No	☐ Yes ☐ No
Do you drive a vehicle?	☐ Yes ☐ No	☐ Yes ☐ No
Language: English	English: ☐ Speak ☐ Read	English: ☐ Speak ☐ Read
Other Languages. Please indicate other languages you can communicate in	Other Languages:	Other Languages:
If retired, what was your employment history - What was your profession/type of work?		
Hobbies?		
Do you use/have access to a computer?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a CRA my account?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a Service Canada account?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have online banking?	☐ Yes ☐ No	☐ Yes ☐ No

2. CURRENT RESIDENCY

How long have you resided at your current address?	
What is your current residency?	☐ Apartment ☐ Home ☐ Basement
Do you own (or) rent?	☐ Own ☐ Rent
Are you currently living in a **temporary** location?	☐ Family Member ☐ Friend ☐ Other
What is your current monthly rent?	Rent $:
Do you pay extra for utilities? If so, how much	Utilities $:
Do you SHARE space with other people/units?	☐ Shared Kitchen ☐ Shared Bath
Why do you want to leave?	
Will this residency be able to provide a reference for you?	☐ Yes ☐ No If yes, contact info:

3. PREVIOUS RESIDENCE

Address of where you lived before your current address.	
How long did you live here?	
Why did you leave?	
Will this residency be able to provide a reference for you?	☐ Yes ☐ No If yes, contact info:

4. SUPPORT

INFORMATION	APPLICANT 1	APPLICANT 2
What kind of support network do you have to help you if and when needed?		
Do you have local family members available to help?	☐ Yes ☐ No	☐ Yes ☐ No
Do you maintain regular communication/visits with family?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have a family doctor	☐ Yes ☐ No	☐ Yes ☐ No
Do you have an assigned social worker	☐ Yes ☐ No	☐ Yes ☐ No
Have you provided a Power of Attorney to someone? *This allows us to know if and how much we can discuss your file with other parties.*	☐ Yes ☐ No	☐ Yes ☐ No
Is there a family member/friend that we should contact if we require to request information you may be unable to provide? If so, who ?		

5. INCOME

Warning: Failure to disclose or misrepresent financial information will invalidate the application.
Values provided below can be estimates but all applications will require proof of information to validate submission if approved for residency. **Select and enter a value.**

SOURCES OF INCOME – GROSS	APPLICANT 1 *(Indicate $ monthly amounts)*	APPLICANT 2 *(Indicate $ monthly amounts)*
GOVERNMENT INCOME		
CPP	☐	☐
CPP Disability	☐	☐
Old Age Security	☐	☐
Guaranteed Income Supplement	☐	☐
Senior/Provincial Supplements	☐	☐
SAFER	☐	☐
Rental Assistance	☐	☐
Income Assistance (PWD)	☐	☐
Other Income Assistance	☐	☐
OTHER PENSIONS		
Private Pension	☐	☐
Company Pension	☐	☐
Foreign Pension	☐	☐
Other Foreign Income	☐	☐
EMPLOYMENT INCOME		
Employment Income	☐	☐
Tips/Gratuities/Other	☐	☐
Self-Employment	☐	☐
EMPLOYMENT & INSURANCE		
Employment Insurance	☐	☐
Workers Compensation Board	☐	☐
Short Term Disability	☐	☐
Long Term Disability	☐	☐
Private Insurance	☐	☐
ICBC (Claims/Settlements/Annuities)	☐	☐
INVESTMENT INCOME		
AI, Investment Income, Dividends	☐	☐
INCOME FROM CASH/OTHER		
Misc Cash from Services/Activities	☐	☐
Family Support	☐	☐
Inheritance	☐	☐

6. ASSETS

Warning: Failure to disclose or misrepresent financial information will invalidate the application. Values provided below can be estimates but all applications will require proof of information to validate submission if approved for residency.

(DO NOT LIST ACCOUNT #S) MUST INCLUDE ALL SOLELY AND JOINTLY OWNED ACCOUNTS	**APPLICANT 1** *(Indicate Total $ Value)*	**APPLICANT 2** *(Indicate Total $ Value)*
BANK/FINANCIAL INSTITUTION		
BANK 1		
Account 1 – balance		
Account 2 – balance		
Account 3 – balance		
Account 4 – balance		
BANK 2		
Account 1 – balance		
Account 2 – balance		
Account 3 – balance		
Account 4 – balance		
BANK 3		
Account 1 – balance		
Account 2 – balance		
Account 3 – balance		
Account 4 – balance		
Do you have any joint accounts with your spouse/partner?	☐ Yes ☐ No ☐ included above	☐ Yes ☐ No ☐ included above
Do you have any joint accounts with any other family members, friends, or associates?	☐ Yes ☐ No ☐ included above	☐ Yes ☐ No ☐ included above
INVESTMENT		
GIC (Term Deposits)		
TFSA (Tax-Free Savings)		
RRSP (Registered Retirement Savings)		
RRIF (Registered Retirement Income Fund)		
Mutual Funds		
Stocks/Bonds		
Other: Specify		
REAL ESTATE / OTHER		
Sale of Home/Real Estate		
Rents from Real Estate		
Inheritance		
OTHER ASSETS		
Specify:		

7. REAL ESTATE

INFORMATION	APPLICANT 1	APPLICANT 2
Do you currently own and/or on title for any land/buildings whether solely or jointly owned of any land or buildings in BC, Canada, USA, International including any vacation property or time shares?	☐ Yes ☐ No If Yes, specify:	☐ Yes ☐ No If Yes, specify:
Do you have a registered mortgage for a property?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
Are you named on any titles or registered ownerships?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
Do you own a business?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
Have you SOLD a property within the past 24 months?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
Do you plan to sell a property within the next 24 months?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:

Please select each checkbox below to certify that:

☐ **I understand** that this application does not constitute an agreement on the part of the Italian Cultural Centre Senior Citizen Housing Society operating as Casa Serena or BC Housing to provide me with rental accommodations.

☐ **I understand** that any application delivered via email, regular mail, or dropped off to any person other than office personnel cannot guarantee that the application has been received. It is my own obligation to follow up on my application (recommended every 6-8 months) to keep it active. Applications may not be reviewed immediately unless urgent or under eviction notice.

☐ **I understand** that all applications are subject to review and based on qualifications, suitability, needs and availability. Applications may not be automatically added to a waiting list and waiting list priority is based on needs and availability. Do not provide original documents, as all documents become the property of Casa Serena which may be deleted or shredded. We keep confidential and secure all private information.

☐ **I understand** that I may be required to submit a criminal records check with the Criminal Records Review Program (CRRP) and provide my authority for the release of personal information to confirm earnings and asset information from my financial institution/s, employer/s, or other providers of income.

☐ **I hereby certify** that the information given in this application is true, correct, and complete. Applications submitted with false or misleading information may disqualify your application and terminate a tenancy agreement if it is later determined that tenancy was offered based on inaccurate or misleading information provided with the application.

☐ Yes ☐ No	Are you applying on behalf of someone else? If so, please provide your contact info. Name/Tel #:
	The Applicant must sign below confirming they are aware of the application and confirm all information provided is accurate and complete.

Date of Application	
NAME OF APPLICANT	
SIGNATURE OF APPLICANT	

FOR OFFICE USE ONLY

***** Applicants : Do not enter any information here *****

Application Received via	☐ On-line ☐ Mail ☐ Drop Off
Date Received	
Wait List Log	☐ Entered
URGENT REVIEW REQUIRED	☐ **Yes**
REVIEW1	☐ Office ☐ Housing Manager ☐ Executive
Min. Qualification Criteria Met	☐ Yes ☐ No ☐ Need More Info
Application Submission	☐ Complete ☐ Partial ☐ Insufficient
Classification	☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4
Follow-Up Required	
Interview - 1	☐ Yes ☐ No
Interview - 2	☐ Yes ☐ No
Screening – Ref Checks	☐ Yes ☐ No
REVIEW2	☐ Selection Committee ☐ Executive Approval
Application Declined	☐ SP12 ☐ IA12 ☐ RC ☐ NA ☐ OTHER
Offer Declined	

NOTES