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**

1. APPLICANT INFORMATION

INFORMATION	APPLICANT 1	APPLICANT 2
a) LAST Name		
b) First Name		
c) Telephone (Residence)		
d) Telephone (Mobile)		
e) Email		
f) Birthdate (month-day-yr)		
g) Current Age		
h) Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated	☐ Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated
i) Work Status	☐ Employed ☐ Retired ☐ Disability	☐ Employed ☐ Retired ☐ Disability
j) Current occupation Profession before retirement		
k) Where were you born? City/Prov/Country		
l) Did you work before coming to Canada? Which Country?		
m) Are you a Canadian Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
n) How many years living BC?		
o) Do you have an existing BC Housing Registry File#	☐ No ☐ Yes, **ID#**:	☐ No ☐ Yes, **ID#**:
p) Language: English	English: ☐ Speak ☐ Read	English: ☐ Speak ☐ Read
q) Other languages you can communicate in	Other Languages:	Other Languages:

HOUSING REQUEST

r) Occupancy you are seeking	☐ Single Occupancy ☐ Smoking (vaping) Unit ☐ With Pets ☐ Double Occupancy ☐ Non-Smoking (no vaping) Unit ☐ No-Pets
s) Occupancy you are seeking	☐ Any Floor (any unit available) ☐ 1st Floor Only ☐ 2nd Floor Only ☐ 3rd Floor Only
t) Desired Move-In Date	
u) Reason for housing request	
v) Are you under an eviction notice?	☐ No ☐ Yes If Yes, Eviction Date: Please provide a copy of the eviction/termination of tenancy notice.
w) Reason for eviction?	
x) Other Urgent Housing Need	☐ Currently Homeless ☐ Fleeing domestic violence or abuse ☐ Soon-to-Be Homeless When?:

2. CURRENT RESIDENCY

a)	**Current Street Address: City, Prov/Postal Code:**	
b)	When did you live here?	**FROM DATE:** **TO DATE:**
c)	What is your current residency?	☐ Home ☐ Basement ☐ Apartment
d)	Do you currently Own (or) Rent?	☐ Own ☐ Rent
e)	Any aspects of your current residency that affect your ability to live safely or independently?	
	If you "OWN":	
f)	Have you sold within the past 3yrs?	☐ No ☐ Yes If yes, When?:
g)	Do you plan to sell your home?	☐ No ☐ Yes If yes, When?: Why?
	If you "RENT":	
h)	What is your current rent?	**Current Rent Amount:** **$**
i)	Do you pay extra for utilities?	**Extra Utilities Amount:** **$**
j)	Living in a **temporary** location?	☐ Family Member ☐ Friend ☐ Shelter ☐ Other
k)	Do you **share** space with others?	☐ Shared Kitchen ☐ Shared Bath
l)	Current Landlord Reference:	Contact Name: Contact Tel# Contact Email:

3. PREVIOUS RESIDENCE HISTORY

a)	**PREVIOUS Street Address City/Prov/Postal Code**	
b)	When did you live here?	**FROM DATE:** **TO DATE:**
c)	Why did you leave?	
d)	Landlord Reference:	Contact Name: Contact Tel#: Contact Email:
e)	**PREVIOUS Street Address City/Prov/Postal Code**	
f)	When did you live here?	**FROM DATE:** **TO DATE:**
g)	Why did you leave?	
h)	Landlord Reference:	Contact Name: Contact Tel#: Contact Email:
i)	Have you or the co-applicant ever lived in subsidized housing?	☐ No ☐ Yes. If yes, When? Address:
j)	Have you ever been evicted by any previous landlords?	☐ Yes ☐ No If yes, why?
k)	Have you ever experienced difficulties paying rent on time?	☐ Yes ☐ No

4. OTHER TENANT INFORMATION (To ensure suitable housing & unit selection)

This section is voluntary and helps us ensure that your housing and unit selection best meet your accessibility and safety needs. You are not required to disclose any medical diagnoses. All information is kept confidential under the *Freedom of Information and Protection of Privacy Act (BC)*.

INFORMATION	APPLICANT 1	APPLICANT 2
4a) Smoking	☐ Smoker ☐ Non-Smoker	☐ Smoker ☐ Non-Smoker
4b) COVID-19 Vaccination required. Are you willing and able to provide confirmation of vaccination?	☐ Yes ☐ No	☐ Yes ☐ No
4c) Living Assistance Status	☐ can live fully independently ☐ with some assistance	☐ can live fully independently ☐ with some assistance
4d) Mobility Challenges *(Select all that apply)*	☐ Cane ☐ Walker ☐ Scooter ☐ Wheelchair	☐ Cane ☐ Walker ☐ Scooter ☐ Wheelchair
4e) Are you able to use stairs?	☐ Yes ☐ No	☐ Yes ☐ No
4f) Respiratory Challenges	☐ Breathing Sensitivities ☐ Oxygen Tank Required	☐ Breathing Sensitivities ☐ Oxygen Tank Required
4g) Sensory Challenges *(Select all that apply)*	☐ Memory ☐ Hearing ☐ Vision ☐ Other	☐ Memory ☐ Hearing ☐ Vision ☐ Other
4h) Do you require, or would benefit from support for memory-related tasks for your daily routine?	☐ Yes ☐ No	☐ Yes ☐ No
4i) Do you wear an emergency LifeLine alert necklace/device?	☐ Yes ☐ No	☐ Yes ☐ No
4j) Do you require adaptive devices in the washroom?	☐ Yes ☐ No	☐ Yes ☐ No
4k) Where do you require some Family, caregiver, or Home Care help? *(Select all that apply)*	☐ Meal Prep ☐ Medication ☐ Bathing ☐ Dressing ☐ Laundry ☐ Clean/Chores	☐ Meal Prep ☐ Medication ☐ Bathing ☐ Dressing ☐ Cleaning ☐ Cleaning/Chores
4l) Are you able to shop for your own groceries?	☐ Yes ☐ No ☐ with Help	☐ Yes ☐ No ☐ with Help
4m) Are you on a prepared Meal Delivery Program?	☐ Yes ☐ No	☐ Yes ☐ No
4n) Do you drive a vehicle or use other methods for transportation?	☐ Drive ☐ Public Transit ☐ Uber/Taxi ☐ HandyDart	☐ Drive ☐ Public Transit ☐ Uber/Taxi ☐ HandyDart
4o) Do you manage your own finances?	☐ Yes ☐ No ☐ with help	☐ Yes ☐ No ☐ with help
4p) Are you able to pay your own bills? (do your daily banking)	☐ Yes ☐ No ☐ with help	☐ Yes ☐ No ☐ with help
4q) Do you have any other housing needs or preferences we should be aware of?	☐ Yes ☐ No Specify:	☐ Yes ☐ No Specify:
4r) Do you have personal needs or obligations that might require you to be away for extended periods? (e.g., travel, medical treatments, or other personal obligations)	☐ Yes ☐ No Specify Frequency/Duration:	☐ Yes ☐ No Specify Frequency/Duration:
4s) What are your Hobbies, Activities that you enjoy and participate in?		
4t) Do you participate in any community, social, or other activity programs?	☐ Yes ☐ No	☐ Yes ☐ No

5. SUPPORT

5a) What is your **personal support** network? Who do you reach out to if you need personal assistance or support?	☐ Family ☐ Friends ☐ Church ☐ None ☐ Other/Advocate
5b) Do you require **financial support** from the Housing Provider (Are you seeking housing that offers rent subsidies/rent assistance) ?	☐ Yes ☐ No
5c) What is your ability to meet your rent and other housing costs and obligations?	☐ Independently ☐ With financial assistance from family/friends/other sources
5d) How often do you receive additional financial support and assistance from others to meet your rent and housing obligations?	☐ Frequently ☐ Sometimes
5e) Do you maintain regular **communication** with family?	☐ Yes ☐ No
5f) Do you maintain regular **visits** with family members?	☐ Yes ☐ No
5g) Do you have family who can offer support and assistance if needed?	☐ Yes ☐ No

Name	Relationship:	Resides in Lower Mainland? ☐ Yes ☐ No
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Name:	Relationship:	Resides in Lower Mainland? ☐ Yes ☐ No
Name:	Relationship:	Resides in Lower Mainland? ☐ Yes ☐ No
Name:	Relationship:	Resides in Lower Mainland? ☐ Yes ☐ No

5h) Do you have friends, family, grandchildren, etc., that come and stay with you from time to time?

☐ No ☐ Yes: ☐ Daily ☐ Weekly ☐ Monthly

INFORMATION	APPLICANT 1	APPLICANT 2
5i) Do you have a family doctor?	☐ Yes ☐ No	☐ Yes ☐ No
5j) aDo you currently have (or have applied for) a social worker/care aid?	☐ Yes ☐ No	☐ Yes ☐ No
5k) Have you had a recent assessment or referral from a health authority or agency related to your housing or support needs?	☐ Yes ☐ No	☐ Yes ☐ No
5l) Do you currently receive any Home Support services from Van Coastal Health, Fraser Health, other authority or privately?	☐ Yes ☐ No	☐ Yes ☐ No
The following voluntary questions help us determine whether we can discuss details of your file and the extent to which we can take direction on your behalf from family members or other designated individual(s) without your presence or in your absence, and in accordance with the *Freedom of Information and Protection of Privacy Act (BC)*.		
5m) Have you designated anyone with an official **Power of Attorney**?	☐ Yes ☐ No	☐ Yes ☐ No
5n) Have you designated anyone with an official **Enduring Power of Attorney**?	☐ Yes ☐ No	☐ Yes ☐ No

6. INCOME *indicate Gross values (before deductions)*

Important Notice: Mandatory full disclosure necessary. While estimated values may be entered, all approved applications will require to be verified with supporting documentation to confirm GROSS (before tax deductions) values. Providing false or incomplete financial information will result in the invalidation of this application. ***Please ensure to check all boxes for each section (select Nil or enter a value)***

DESCRIPTION	APPLICANT 1	APPLICANT 2
6a) GOVERNMENT PENSIONS & SUBSIDIES		
Important Note: It is a mandatory requirement that all persons reaching the age or period of entitlement for CPP and OAS must apply to receive the benefits.		
CPP	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
CPP Disability	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
OAS (Old Age Security)	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
GIS (Guaranteed Income Supplement)	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Senior/Provincial Supplements	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
SAFER	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Rental Assistance	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Income Assistance (PWD)	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Other Gov't Income/Subsidy	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
6b) OTHER PENSIONS		
Company Pension Canada	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Company Pension (spousal) Canada	☐ Nil. $0.00 ☐ Monthly Amt: $	☐ Nil. $0.00 ☐ Monthly Amt: $
Foreign Pension	☐ Nil. $0.00 ☐ Monthly Amt: $ Country:	☐ Nil. $0.00 ☐ Monthly Amt: $ Country:
Foreign Pension (spousal)	☐ Nil. $0.00 ☐ Monthly Amt: $ Country:	☐ Nil. $0.00 ☐ Monthly Amt: $ Country:
6c) REGISTERED RETIREMENT INCOME		
Do you have any RRSPs?	☐ Yes ☐ No	☐ Yes ☐ No
RIF (converted from RRSP)	☐ Nil. $0.00 ☐ Monthly Amount: $ ☐ Annual Amount: $	☐ Nil. $0.00 ☐ Monthly Amount: $ ☐ Annual Amount: $
6d) INVESTMENT INTEREST INCOME		
Investment Interest Dividend Income (ie. from GICs, TFSA, Stocks, etc.	☐ Nil. $0.00 ☐ $ ☐monthly ☐annually	☐ Nil. $0.00 ☐ $ ☐monthly ☐annually

DESCRIPTION	APPLICANT 1	APPLICANT 2
6e) EMPLOYMENT INCOME		
Employment Income	☐ Nil. $0.00 ☐ Amount: $ ☐monthly ☐annually	☐ Nil. $0.00 ☐ Amount: $ ☐monthly ☐annually
Self-Employment	☐ Nil. $0.00 ☐ Amount: $ ☐monthly ☐annually	☐ Nil. $0.00 ☐ Amount: $ ☐monthly ☐annually
Do you work from home?	☐ Yes ☐ No	☐ Yes ☐ No
Do you have plans to retire in the near future?	☐ Yes ☐ No If Yes, when?	☐ Yes ☐ No If Yes, when?
6f) INSURANCE INCOME		
Employment Insurance	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
Workers Compensation Board	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
Private Short/Long Term Disability	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
ICBC, Settlements, Annuities, or Any Other Insurance Policy	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
6g) OTHER INCOME		
Misc **CASH** Income (ie.babysitting, small jobs,etc.)	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
Spousal Support	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
Family/Friend Financial Support	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00
Inheritance	☐ $ ☐ Nil. 0.00	☐ $ ☐ Nil. 0.00

6h) OTHER FINANCIAL SUPPORT

Report here any financial support you receive that is not reported above that is received during the year. (ie. family pays bills on your behalf, buys your groceries, gives you cash allowances, etc)

☐ Other: Indicate $Amount and Frequency:

☐ Other: Indicate $Amount and Frequency:

☐ Nil. 0.00

6i) ADDITIONAL FINANCIAL INFORMATION: *You may provide any additional information or details about your financial circumstances that you believe are relevant or important to your application. This information is optional but may help us assess your application more accurately or assist the reviewer in better understanding your situation or housing requirements.*

7. ASSETS (All solely & jointly owned accounts)

Important Notice: While estimated values may be entered, all approved applications must be verified with supporting documentation before residency is granted, as providing false or incomplete financial information will result in the invalidation of this application. *Selection and/or Entry required for each section*.

7a) BANKING	APPLICANT 1	APPLICANT 2
• BANK 1	Bank 1	Bank 1
Account 1 – balance	$	$
Account 2 – balance	$	$
Account 3 – balance	$	$
Account 4 – balance	$	$
• BANK 2	Bank 2	Bank 2
Account 1 – balance	$	$
Account 2 – balance	$	$
Account 3 – balance	$	$
Account 4 – balance	$	$
• BANK 3	Bank 3	Bank 3
Account 1 – balance	$	$
Account 2 – balance	$	$
Account 3 – balance	$	$
Account 4 – balance	$	$
• OTHER BANKS	Additional Bank(s)	Additional Bank(s)
Account(s) – balance(s)	$	$
Do you have any **joint accounts** with your spouse/partner?	☐ Yes ☐ No ☐ included above ☐ other	☐ Yes ☐ No ☐ included above ☐ other
Do you have any **joint accounts** with any other family members, friends, or associates?	☐ Yes ☐ No ☐ included above ☐ other	☐ Yes ☐ No ☐ included above ☐ other

7b) INVESTMENTS *Please select the 'Amt' box to indicate that one exists. Enter approx. amount*				
GIC (Term Deposits)	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
TFSA (Tax-Free Savings)	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
RRSP (Reg Retirement Savings Plan)	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
RRIF (Reg Retirement Income Fund)	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Mutual Funds	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Stocks/Bonds	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Other: Specify	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $

7c) REAL ESTATE PROPERTIES				
Sale of Home/Real Estate within the last 24 months	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Monthly Rent collected from my property	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Transferred any ownership within the past 24 months	☐ Yes	☐ No	☐ Yes	☐ No

7d) OTHER ASSETS *(do not include vehicles, jewellery, household goods)*				
Cash on Hand	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $
Other:	☐ Nil $0.00	☐ Amt $	☐ Nil $0.00	☐ Amt $

8. REAL ESTATE (solely & jointly owned)

INFORMATION	APPLICANT 1	APPLICANT 2
a) Do you own (sole and/or joint) any land, home, buildings, secondary, or vacation homes in Canada, the USA, or internationally?	☐ Yes ☐ No If Yes, specify:	☐ Yes ☐ No If Yes, specify:
b) Do you have any registered mortgages in your name?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
c) Are you named on any titles or registered ownerships?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
d) Do you pay city property taxes?	☐ Yes ☐ No	☐ Yes ☐ No
e) Do you own a business?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
f) Have you SOLD a property within the past 24 months?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:
g) Do you plan to sell a property within the next 24 months?	☐ Yes ☐ No If so, specify:	☐ Yes ☐ No If so, specify:

9. ADDITIONAL APPLICANT INFORMATION

INFORMATION	APPLICANT 1	APPLICANT 2
a) Do you use or have access to a computer?	☐ Yes ☐ No	☐ Yes ☐ No
b) Do you have a **CRA My Account**?	☐ Yes ☐ No	☐ Yes ☐ No
c) Do you have a **Service Canada account**?	☐ Yes ☐ No	☐ Yes ☐ No
d) Do you have **online banking**?	☐ Yes ☐ No	☐ Yes ☐ No
e) How did you hear about Casa Serena?	☐ BC Housing ☐ Friend/Family ☐ Online ☐ Senior Services Organization ☐ Drove/Walk by	
f) Do you know any other tenants currently residing at Casa Serena?	☐ Yes ☐ No If Yes, who?	
g) Is there someone we should reach out to if you're unable to provide certain information? *By providing an authorized contact, you are permitting us to gather, use, and exchange information with that contact to maintain and update your Tenancy Application and any related information.*	☐ Yes ☐ No Name: Relationship: Contact Info:	
h) Is there any other information you want to share, or feel would be beneficial for us to know about you, your application, or your current living situation?		

APPLICATION FOR TENANCY TERMS AND CONDITIONS

The undersigned has applied for tenancy with the Italian Cultural Centre Senior Citizens Housing Society (ICCSCHS, also operating as Casa Serena) and consents to the collection, use, and disclosure of personal information as outlined below. All information will be maintained securely and used solely to assess eligibility and for continued residency, and rent subsidy criteria and rent calculations. **Instructions:** Please read carefully and check each box to confirm your agreement.

☐ **I understand** that submitting this application does not obligate The ICCSCHS or BC Housing to provide rental housing or rental subsidies**.**

☐ **I understand** that applications submitted electronically, by mail, or to anyone other than office personnel shall not be guaranteed as received. I accept responsibility to follow up on my application every 8-12 months to keep it active. Applications may not be reviewed immediately unless the matter is urgent or related to an eviction notice.

☐ **I understand** that applying for tenancy does not guarantee placement on a waiting list. All applications are reviewed and assessed based on eligibility, suitability, identified needs, and housing availability. I acknowledge that any documents submitted become the property of ICCSCHS and may be securely deleted or shredded. It is my responsibility to ensure that any important original documents are scanned or copied before submission. I also understand that all personal information provided will be kept secure and confidential.

☐ **I understand and agree that,** if granted tenancy, any information I provide (or by someone on my behalf) that is used to calculate rent and later found by ICCSCHS to be inaccurate due to errors or omissions may result in a recalculation of rent, which will become due and payable, including retroactive adjustments for previous rental periods.

☐ **I understand and authorize** the collection, use, and disclosure of my personal information as permitted under the Freedom of Information and Protection of Privacy Act (BC). This authorization allows government, financial institutions, employers, income providers, and other relevant organizations to verify my personal information, income, assets, and other financial or personal details with the ICCSCHS necessary to confirm the accuracy of the information I have provided, validate my application, assess my eligibility for rent subsidies, and calculate rent accurately. I understand that this authorization remains effective for the duration of my residency if my application is approved.

☐ **I agree,** if requested, to provide a Criminal Record Check with Vulnerable Sector Screening (including fingerprinting if required) through the CRRP & Privacy program at my own expense. I understand this may be required to help ensure a safe environment for residents, staff, and visitors.

☐ **I understand and authorize** the collection, use, and disclosure of my personal information as permitted under the Freedom of Information and Protection of Privacy Act (BC). allowing the ICCSCHS to communicate, obtain, and share information with my social worker, home care team, and family physician as necessary to validate my application, assess my eligibility for independent living, ensure ongoing compliance with the ICCSCHS's independent living criteria, and support safe tenancy and staff and resident well-being. I understand that this authorization remains effective for the duration of my residency if my application is approved.

☐ **I certify** that all the information provided in this application is true, complete, and accurate, and can be verified with supplementary documentation if requested. I understand that any false, misleading, or incomplete information – submitted by me or on my behalf - may result in disqualification of this application and termination of my tenancy agreement if it is later determined that the tenancy was granted based on inaccurate, deceptive, or incomplete information.

By signing below, I (we) acknowledge and accept the Application for Tenancy Terms and Conditions. I (we) confirm that the information provided is accurate and complete and accept full responsibility for its accuracy, even if the form was completed by another person on my (our) behalf.

Date of Application	_____
NAME(s) of Tenancy Applicant(s)	_____
SIGNATURE of Tenancy Applicant(s)	_____
SIGNATURE of Tenancy Applicant(s)	_____

Has any part of this Application been completed by someone other than the Applicant?		☐ Yes ☐ No
If yes, by whom? Full Name and Telephone#:		
By signature below, I confirm that this form has been completed at the applicant's request using information provided by the applicant. *Signature (by person who completed the form on behalf of applicant):*		