



Odd Fellows
LOW RENTAL HOUSING SOCIETY

HOUSING APPLICATION

Odd Fellows Manor
3595 Kingsway Ave
Vancouver, B.C. V5R 5L9

NOTE: Applicants Must be 55+ Years of Age

Date: _____

Preferred Type of Suite: Bachelor One Bedroom Either

SECTION 1: DEMOGRAPHIC/CONTACT INFORMATION

APPLICANT #1:

Full Name: Mr. Ms. Other _____
(please print)

Date of Birth: _____
(day) (month) (year)

Phone: _____ Email: _____

Address: _____
Apt. No. Street No. and Name City/Town Province Postal Code

APPLICANT #2:

Full Name: Mr. Ms. Other _____
(please print)

Date of Birth: _____
(day) (month) (year)

Phone _____ Email: _____

Address: _____
Apt. No. Street No. and Name City/Town Province Postal Code

SECTION 2: INCOME/ASSETS

1. Please indicate the monthly amount you receive from each of the following income sources (combined for both applicants):

- a. Old Age Security _____
- b. Guaranteed Income Supplement _____
- c. Other Income or Pension _____
(specify source)

2. Total value of assets (real estate, bonds, cash in bank, etc.) _____

SECTION 3: RENT PAYMENT

1. All tenants must pay rent by PAD (pre-authorized debit payment method)
*Cash and cheques will not to excepted

SECTION 4: RENTAL HISTORY

1. Do you own or rent your current home? If neither is applicable please explain:

2. How much is your monthly rent/mortgage payment? _____

3. How long have you been at your current address? _____

4. Reason for leaving: _____

5. Name of landlord (if applicable): _____

6. May we contact your current landlord? Yes No

7. If yes, please provide telephone number where we can contact him/her: _____

8. Have you ever been evicted from a rental property or been involved in dispute resolution as a tenant? Yes No

9. If yes, please provide details (when, why):

10. Do you currently have tenants' insurance? Yes No

SECTION 5: SPECIAL NEEDS

1. Do you have any known or pre-existing medical conditions that could affect your mobility, ability to live independently, or ability to safely evacuate a building in the event of an emergency? Please specify.

SECTION 6: REFERENCES

Please provide at least two references we can contact:

1. Name: _____ Phone: _____ Email: _____

How do you know this reference (friend, former employer, physician, etc.) _____

2. Name: _____ Phone: _____ Email: _____

How do you know this reference (friend, former employer, physician, etc.) _____

3. Name: _____ Phone: _____ Email: _____

How do you know this reference (friend, former employer, physician, etc.) _____

By submitting this application, I hereby certify the information provided is true and complete in every respect and can be documented if requested by Three Links Care Society.

Signature
(Applicant #1)

Date

Signature
(Applicant #2)

Date

Please return completed form to:

**Three Links Care Centre – Housing Services
2934 East 22nd Avenue
Vancouver, BC V5M 2Y4
Tel: 604-568-6895
Fax: 604-568-7499**