



# Quadra Island Seniors Housing Residency Application Form

## GUIDELINES

1. An applicant must be at least 65 years of age (with some exceptions), be a Canadian Citizen or Landed Immigrant, and have a family/friends connection to Quadra for two years or more.
2. Priority will be given to those whose present housing is inadequate for their physical needs and psychological wellbeing.
3. Income alone, including equity, will not disqualify a person or couple. However preference may be given to a person or couple whose financial resources restrict them from acquiring adequate housing.
4. Applicants will be chosen by a selection committee.

## INFORMATION

1. All information provided by applicants is considered confidential.
2. All units are non-smoking, including anywhere on the property.  
All applicants must be non-smokers.
3. A limit of one small pet will be considered according to QISHS Pet Policy .
4. Applicants are required to provide a "Notice of Assessment from Revenue Canada" for the previous two years.
5. An applicant needs to be mobile (units are wheelchair accessible), must be able to manage household duties, able to do planning for the activities of daily living and able to do self care and live independently with available support services.
6. Applicants will be selected for interviews based on the information provided on this application form. Selected candidates will be contacted for a personal appointment when a vacancy is coming up.

*Mail completed form to:*

Quadra Island Seniors Housing Society P. O. Box 535 | Quathiaski Cove, BC V0P 1N0  
Questions: Maureen McDowell 250-285-2221; qishs535@gmail.com



# Quadra Island Seniors Housing Residency Application Form

DATE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

NAME: \_\_\_\_\_

## **STREET ADDRESS & MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PHONE NUMBERS:**

HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL: \_\_\_\_\_

I have lived on Quadra since \_\_\_\_\_

Describe your current situation and need for senior housing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions that affect your ability to live independently? Describe here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please describe any other considerations, situations or special circumstances that you feel may assist us in assessing your application.

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If you have a small pet, describe below.

Species:

Weight:

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Provide the names and contact information for two references and at least one previous landlord. References will not be contacted unless you are interviewed for a vacancy (\*Friend | Colleague | Landlord | Relative | Neighbour)

Name	Phone	Email Address	Relationship*
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**\*\*IMPORTANT\*\*** Each application must include a copy of the Notice of Income Assessment from your Canada Revenue Agency Income Tax for the past two years. All information will be kept strictly confidential and used solely for the application process.

*I confirm that the information in this application is accurate and truthful. I understand that this information is confidential and will only be used for the application process.*

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**Signature**

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**Date**