



Suite 1, 5710- 50 Ave
YELLOWKNIFE NT X1A 1G1
Tel: 920-2443, ext 103
Fax: 873-9915
Email: ea@avensseniors.com

**APPLICATION FOR ACCOMMODATION
(CONFIDENTIAL)**

Last revised May 2017

Please Read Carefully

I understand this application does not constitute an agreement on the part of the AVENS – A Community for Seniors to provide me with rental accommodation.

I further acknowledge the right of AVENS, at any time before a lease is signed by me, to cancel this application without penalty.

I hereby authorize AVENS to investigate any or all of the statements made herein, and in addition, to verify all sources of income, being fully aware that discovery of any false statement may cancel further consideration of my application.

I further acknowledge I am obligated to advise AVENS, in writing, of any changes in household composition, gross household income, changes of address, changes of independence, or changes to my criminal record, should they occur.

I also agree the information provided by me pertains to all persons named within this application.

Witness

Applicant 1

Applicant 2

DATED THIS _____ DAY OF _____, 20_____.

NOTE 1: All applications must be renewed every yearly.

NOTE 2: A “Medical Information Document” completed by the applicant’s physician or nurse practitioner must accompany this form.

NOTE 3: If you are selected for a unit, you will be asked to complete a Criminal Records Check at that time. Any indication of past crimes that, in AVENS opinion, could place other tenants or AVENS at risk will be grounds for refusal of tenancy.

--- PART A ---

JOINT APPLICATION

SINGLE APPLICATION

Note: Applicants for joint tenancy who do not currently live in the same household should submit 2 separate application forms.



1. General Information

	Applicant #1	Applicant #2
Surname		
Given Name		
Date of Birth		

2. Are you:

	Applicant #1	Applicant #2
Canadian Citizen		
Landed Immigrant		
Other (Explain)		

3. Current Address

Box, Street, Apt	
City, Province	
Postal Code	
Home Phone	
Work Phone	
Email Address	

4. Length of time in:

	Applicant #1	Applicant #2
Yellowknife		
NWT		

5. Do you smoke indoors?

	Applicant #1	Applicant #2
Yes		
No		

6. Do you have a pet?

Yes No

AVENS has a no pet policy. If you have a pet, you must complete the appropriate form and submit it for approval by the CEO prior to moving in.

7. Do you have a vehicle?

Yes No

If yes, how many vehicles in total?

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8. Do you own or rent your present accommodation?

Rent
 Own

9. If renting, give landlord information:

Landlord Name	
Phone	

I (we) authorize AVENS to contact my (our) current landlord for a reference

Yes _____ Signature

10. Two References (No Relatives)

	Reference #1
Name	
Phone	
Email Address	

	Reference #2
Name	
Phone	
Email Address	

11. How much assistance do you need on a daily basis with things like taking medication, grooming, eating, and personal care:

Applicant #1

- I am completely independent
- I require *minimal* non-professional assistance
- I require *moderate* non-professional assistance and/or *limited* nursing care
- I require *moderate* nursing or other professional support
- I require *considerable* nursing and other professional support
- I require *24hr* nursing services and medical supervision

Applicant #2

- I am completely independent
- I require *minimal* non-professional assistance
- I require *moderate* non-professional assistance and/or *limited* nursing care
- I require *moderate* nursing or other professional support
- I require *considerable* nursing and other professional support
- I require *24hr* nursing services and medical supervision

12. Do you have any type of cognitive impairment that will worsen over time (like dementia) that affects or will affect your ability to live independently?

Applicant 1

Applicant 2

yes no

yes no

13. I authorize the AVENS Medical Advisor to speak confidentially with my physician/nurse practitioner about my ability to live independently (Note: The Medical Advisor will release no details to AVENS except information directly related to independent living).

Applicant 1

Yes _____ Signature

Applicant 2

Yes _____ Signature

14. Gross Household Income

	Applicant #1	Applicant #2
Provide the amount from line 150 of last year's "Income Tax Return" or "Notice of Assessment"		

	Applicant #1	Applicant #2
If you received a T4RSP slip, please indicate the combined amount from Box 22 and Box 26.		

15. Please complete this question ONLY IF YOU WERE UNABLE TO ANSWER QUESTION #14.

Type of Income	Applicant #1	Applicant #2
Old Age Security		
Guaranteed Income Supplement		
Canada Pension Plan		
Spousal Allowance		
Senior Citizens Supplementary Benefit		
RRIF pay-outs (Box 16 on T4RSP)		
Rent from tenants		
Self-Employment Income		
Monthly Subsidies		
Commissions or Royalties		
Pension from Past Employment		
War Veterans Allowance		
Disability Pension		
Employment Income		
Income Assistance from the GNWT		
Investment Income		
Unemployment Insurance Benefits		
Alimony		
Other (Explain)		
Total	\$	\$

*** Note: All income must be verified by AVENS upon acceptance to Aven Court.

End of Part A

Applicants whose combined **gross income exceeds \$60,000*** are not required to complete Part B of this application form.

Applicants whose combined **gross income is \$60,000* or lower**, please proceed to Part B to complete the application form for a subsidized unit.

*\$49,500 is the Core Need Income Threshold for a 1-bedroom and \$60,000 for a 2-bedroom unit established by the Canada Mortgage and Housing Corporation.

--- PART B ---

16. What are your housing expenses?

(joint applicants should provide combined information)

Monthly rent or mortgage payments	/per year
Property tax	/per year
Home insurance	/per year
Heating expenses	/per year
Power, water and sewer	/per year
Other (lot rental, condo fees)	/per year
Total Yearly Expenses	

17. Are you receiving Income Assistance from the Government of the NWT?

	Yes
	No

18. Is your present accommodation a:

	Unsubsidized house, apartment, mobile home, etc.
	Subsidized public housing
	Motel, hotel or rooming house (with no kitchen facilities)
	Cabin
	Living in the bush
	Other (explain)

19. Number of person(s) sharing your present accommodation:

	# Adults
	# Children

20. Number of bedrooms in your present accommodation:

	# bedrooms
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21. Do you share accommodations with anyone?

	I live alone
	I live with my spouse/partner only
	I have a roommate or lodger, but I am the owner/lease-holder
	I am a roommate or lodger in someone else's home
	I live in a family member's home
	Other (explain)

22. Please indicate the condition of your present accommodation:

Adequate	Inadequate (defective or unsafe)	Factor
		Kitchen
		Bathroom
		Heating
		Water
		Sewer/Plumbing
		Stairs
		Environment (air quality, noise, mould, etc)

Please explain any inadequacies below:

23. Do you feel safe in your present accommodation?

Yes No

If no, please explain

24. Reason for wanting to move to AVENS:

**** If you have been given a "Notice to Vacate", please submit a copy of the notice and state the reason for eviction****

25. Any other related information you wish to provide?



AVENS – A Community for Seniors

Medical Information Document

AVENS provides housing to seniors who are able to live independently, without the need for daily professional care. Each applicant must have a physician or nurse practitioner complete this confidential form to confirm their eligibility.

Name of Applicant: _____

Date of Birth: _____

Name of physician or nurse practitioner completing this form: _____
please print

1. Is this individual independently mobile (including with the use of mechanical aids)?

yes no

Comments:

2. What level of assistance* does this individual require with activities of daily living, such as taking medication, grooming, eating, personal care:

- None (this individual is completely independent)
- Level 1 (this individual requires *minimal* non-professional assistance)
- Level 2 (this individual requires *moderate* non-professional assistance and/or *limited* nursing care)
- Level 3 (this individual requires *moderate* nursing or other professional support)
- Level 4 (this individual requires *considerable* nursing and other professional support)
- Level 5 (this individual requires *24hr* nursing services and medical supervision)

*Based on the GNWT Department of Health and Social Services "Levels of Service Needs in Continuing Care"

Please elaborate if response is Level 1 through 5:

3. Does this individual have any type of dementia that will worsen over time, thereby affecting his/her ability to live independently?

yes no

Comments:

4. Please use the reverse for additional comments.

Signature: _____

Date: _____

YOUR PERSONAL HEALTH INFORMATION IS COLLECTED UNDER THE NWT HEALTH INFORMATION ACT AND WILL NOT BE USED OR DISCLOSED, UNLESS ALLOWED OR REQUIRED BY THIS ACT OR ANY OTHER ACT



Statutory Declaration of

[Name of declarer]

I, _____, have lived within the municipal boundaries of Yellowknife, Ndilo or Dettah or the Ingraham Trail for 2 years prior to application or any 10 years of my life.

And I make this solemn declaration consciously believing it to be the true and knowing that it is of the same force and effect as if made under oath.

Signature of Declarer

Declared before me at the
City of Yellowknife, in the Northwest Territories,
this _____ day of _____, 20_____.

Signature of
Commissioner of Affidavits or Notary Public

A Commissioner for taking Affidavits for Northwest Territories or
A Notary Public in and for the Northwest Territories

(Official stamp)



*AVENS - A
Community for
Seniors*

*Owners of:
Aven Manor
long term care*

*Aven Cottages
dementia care*

*Aven Court/Aven Ridge
independent housing*

*Baker Community Centre
wellness*

Suite 1
5710-50 Avenue
YELLOWKNIFE NT
X1A 1G1
Tel: (867) 920-2443
Fax: (867) 873-9915
Website:
www.avensseniors.com

CRIMINAL RECORD CHECK
Request for Service

DATE: _____

TO: RCMP Administration 'G' Division

FROM: AVENS – A Community for Seniors
AVENS: 920-2443

RE: Criminal Record Search requested at no cost to AVENS – A
Community for Seniors:

Full Name of Candidate _____

Dear Madame/Sir,

This letter confirms that AVENS is a registered not-for-profit organization involved with caring for a vulnerable sector of the population.

It is our understanding that these criteria exempt those associated with our organization from paying the fee for a criminal records check.

AVENS has been advised that they need to provide all prospective candidates with a signed copy of this letter (signed in blue ink per RCMP criteria) when requesting a Criminal Police Record Check.