

ATTACHMENT A



AVENS – A Community for Seniors
5710 – 50th Avenue
Yellowknife, NT X1A 1G1

APPLICATION FOR ACCOMMODATION
(CONFIDENTIAL)
Last revised April 2020

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, statement of net worth, 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: *Application information must be updated each year.*

NOTE 2: *A “Medical Information Document”, completed by the applicant’s physician or nurse practitioner, AND a current Canada Revenue Agency Notice of Assessment must accompany this application and be submitted annually thereafter.*

NOTE 3: *If you are applying for a designated (subsidized) unit, a “Net-Worth Document” must accompany this application.*

NOTE 4: *When you are selected for a unit, you will be provided with a Criminal Records Check form to be submitted to the local RCMP Detachment at that time.*

AVENS USE ONLY – Applicant Number _____

--- 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, and each should indicate the desire to live together in additional information.



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. Do you smoke indoors?

| | Applicant #1 | Applicant #2 |
|-----|--------------|--------------|
| Yes | | |
| No | | |

*Please note that AVENS campus has designated smoking areas

5. Do you have a pet?

Yes No

AVENS has a pet policy. If you have a pet, you must complete the Pet Authorization / Acknowledgement form (please request form from AVENS) and submit it for approval by the AVENS Housing Committee immediately upon notification of an assignment of a unit and prior to moving in.

AVENS USE ONLY – Applicant Number _____

6. Do you have a vehicle?

Yes No

If yes, how many vehicles in total? (provide details)

| |
|--|
| |
|--|

7. Do you own or rent your present accommodation?

Rent
 Own

8. If renting, please provide landlord information:

| | |
|---------------|--|
| Landlord Name | |
| Phone | |

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

Yes _____ Signature

9. Two References (No Relatives)

| | Reference #1 |
|---------------|--------------|
| Name | |
| Phone | |
| Email Address | |

| | Reference #2 |
|---------------|--------------|
| Name | |
| Phone | |
| Email Address | |

10. 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

11. 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

12. Gross Household Income

| | Applicant #1 | Applicant #2 |
|---|---------------------|---------------------|
| Provide the amount from line 15000 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. | | |

- 13.** All applicants are required to attach a Personal Statement of Net Worth if you are applying for a designated (subsidized) unit. Personal Statement of Net Worth provides a realistic listing of the assets owned and debts. For a template, see Statement of Net Worth.

*** Note: All income may be verified by AVENS upon acceptance.

End of Part A

Applicants whose combined **gross income exceeds \$60,400*** are not required to complete Part B of this application form.

Applicants whose combined **gross income is \$60,400* or lower**, please proceed to Part B to complete the application form for a subsidized unit.

*\$60,400 is the Core Need Income Threshold for 2-bedroom or less unit established by the Canada Mortgage and Housing Corporation.

--- PART B ---

14. 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 | |

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

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

16. Is your present accommodation a:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Unsubsidized house, apartment, mobile home, etc. |
| <input type="checkbox"/> | Subsidized public housing |
| <input type="checkbox"/> | Motel, hotel or rooming house (with no kitchen facilities) |
| <input type="checkbox"/> | Cabin |
| <input type="checkbox"/> | Living in the bush |
| <input type="checkbox"/> | Other (explain) |

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

| | |
|----------------------|------------|
| <input type="text"/> | # Adults |
| <input type="text"/> | # Children |

18. Number of bedrooms in your present accommodation:

| | |
|----------------------|------------|
| <input type="text"/> | # bedrooms |
|----------------------|------------|

19. Do you share accommodations with anyone?

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

20. 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:

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

21. Do you feel safe in your present accommodation?

Yes No

If no, please explain

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

22. 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****

23. Any other related information you wish to provide?

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

24. If your 1st preference is for a "designated (subsidized)" unit, would you like to be contacted if a "non-designated (market)" unit becomes available? Financial resources / ability to pay market rental rates will be requested by the housing committee.

Yes No

NOTE: by indicating "yes", and if offered a "non-designated" unit, you will not receive any priority or preferential consideration on the "designated" wait list.



AVENS – A Community for Seniors

Medical Information Document

AVENS provides housing to seniors who can 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 Physician or Nurse Practitioner | |
| Phone Number | |
| Email | |

This form is being completed for:

| | |
|---------------|--|
| Name | |
| Date of Birth | |

ACTIVITIES OF DAILY LIVING

What level of independence does the client demonstrate in completing the following tasks?

| Activity | Completely Independent | Independent with mild support | Independent with moderate to intense support | Completely Dependent |
|-------------------|------------------------|-------------------------------|--|----------------------|
| Bathing | | | | |
| Toileting | | | | |
| Oral Care | | | | |
| Grooming | | | | |
| Dressing | | | | |
| Medications | | | | |
| Eating | | | | |
| Food Preparation | | | | |
| Transferring | | | | |
| Mobility | | | | |
| Transportation | | | | |
| Communication | | | | |
| Housekeeping | | | | |
| Laundry | | | | |
| Shopping | | | | |
| Financial Matters | | | | |

Other Comments / Information required to determine if an apartment at AVENS is suitable for this applicant:

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:

Signature of Physician or Nurse Practitioner

Date

We thank you for your time in completing this report.

Personal Statement of Net Worth

| Assets | | |
|--|-----------------------|-----------------|
| *Please list all current assets. If you have an asset that does not fit into a category provided, please include under other with a description. | | |
| Bank Accounts (Chequing or Savings) | Bank Name & Address | Current Balance |
| | | |
| | | |
| | | |
| Investments (GIC, Term Deposits, Stocks, Bonds, Mutual Funds, etc...) | Institution & Address | Current Balance |
| | | |
| | | |
| | | |
| Property (Vehicles, Real Estate, Valued Collectibles, etc...) | % of Ownership | Assessed Value |
| | | |
| | | |
| | | |
| | | |
| Trust (Any Assets held in Trust) | | |
| | | |
| | | |
| Other Assets | Detailed description | Assessed Value |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Assets | | |
| Liabilities | | |
| Outstanding Debts (Loans, Lines of Credit, Credit Cards, Money owed to others, Mortgages, etc...) | Institution & Address | Current Balance |
| | | |
| | | |
| | | |
| | | |
| Other Liabilities | | |
| | | |
| | | |
| Total Liabilities | | |

Declaration

_____ I have chosen to attach a copy of my personal statement of net worth.

_____ I have chosen to use the template provided to demonstrate my personal net worth.

Signature: _____

Date: _____

Authorization for Information:

I hereby authorize any person, agency or organization, including Federal/Provincial or Municipal Government Departments to release to AVENS or its Representative(s) information required for the purposes of determining and verifying my eligibility for housing. Without restricting the generality of foregoing, I understand this authorization may include requests for information pertaining to my marital status, employment, credit records, medical, or family conditions, and benefits received under other programs.

I hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested. Further, that I authorize that all documents may be transmitted via public fax machines, and electronic messages to and from AVENS from time to time, at their discretion.

Dated at the _____ (City) on this _____ day of _____ month, _____

Signature: _____

Printed: _____

Witness: _____

Printed: _____