

# APPLICATION FOR TENANCY

TERRACE SENIOR CITIZENS RESIDENCE  
4623 TUCK AVENUE, TERRACE, BC  
OWNED AND OPERATED BY  
TERRACE & DISTRICT CHRISTIAN COUNCIL FOR SOCIAL RESOURCES

## ELIGIBILITY OF APPLICANTS

1. Preference will be given to those applicants who are residents of Terrace and the surrounding district.
2. All applicants must be 65 years of age or older and will be considered at the discretion of the Senior Citizens Committee for the Terrace & District Christian Council for Social Resources.
3. All applicants must be physically able to care for themselves in order to be eligible and to remain eligible as tenants. A letter from the family physician must confirm this yearly or as required by the Senior Citizens Committee for the Terrace & District Council for Social Resources.
4. All applicants shall be considered solely on the basis of need irrespective of race, creed or any affiliation with any organization.
5. Before final acceptance, the applicant shall be requested to declare total assets and income to the Senior Citizens Committee and/or the Chairperson. This declaration, as well as all other information contained on the application form will be kept in strict confidence.
6. Gross income including all interest (and other monies) must not exceed the Household Income Limits as established annually by BC Housing and CMHC. A declaration of income of tenants may be requested yearly or as required by the Senior Citizens Committee or Chairperson.
7. It is understood that in all cases the best discretion of the Senior Citizens Committee or Chairperson for the Terrace & District Christian Council for Social Resources shall be the basic criteria for the acceptance or rejection of any applicant.
8. Upon acceptance, the applicant will complete a Residential Tenancy Agreement for Non-Profit Housing as provided by the Senior Citizens Committee.

## RULES & REGULATIONS for TENANCY

1. Each applicant shall supply the Senior Citizens Committee for the Terrace & District Christian Council for Social Resources, current names, addresses and phone numbers for the next of kin including the applicant's current doctor if they change from what was recorded in the initial application.
2. Tenants shall be of sufficient good health to maintain the premises.
3. A Tenant may be required to furnish a letter from their doctor indicating that they continue to qualify for non-supportive housing (ie/ tenant can care for themselves).
4. Laundry facilities will be located in the central building. The Senior Citizens Committee will draw up a schedule for the usage of the unit, if deemed necessary. The washer and dryer shall be used by tenants only for his or her own laundry. The equipment therein shall be used by the tenant at his or her own risk. No laundry equipment shall be used between 11:00 PM to 9:00 AM.
5. Any tenant desiring their own telephone, cablevision or satellite services will be responsible for the installation and cost of same.
  - a. It is the responsibility to the tenant to contact utilities to arrange connection and disconnection of services. The tenant shall be responsible for all utility costs up to and including the last day of the month of the end of tenancy.
  - b. The tenant shall pay as and when they become due, all utilities including electricity, telephone, cablevision, and satellite fees in respect of the unit rented.
6. Tenants are responsible for cleaning the inside and outside of their own windows.
7. Tacks or small nails may be used to hang small items on the walls. Do not use adhesives.
8. The tenant shall keep all entrances to the rented premises and the area surrounding the entrance, including sidewalks, clear of litter and shall maintain the entrance and surrounding area in a neat, tidy and safe condition.
9. The tenant shall keep the sidewalk and entrance in front of the rented premises clear of snow, ice and of any obstructions. TDCCSR is responsible for snow removal from main walkways and driveway.
10. The tenant shall be allowed one parking space and will be responsible for the removal of snow in and around the area taken by his or her vehicle.
11. The tenant shall provide at his or her own expense an adequate container with lid for garbage disposal and place container in designated area for pick-up.
12. Drunkenness on premises may mean eviction as determined by the Council.
13. No smoking is permitted in or around Terrace Senior Citizens Residence buildings or property. A Smoke Free Addendum forms part of the Residential Tenancy Agreement.

(A copy of these regulations forms part of the Residential Tenancy Agreement)

# APPLICATION FOR TENANCY

## Applicant Information

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Last Name	First Name	Middle Initial	Date of Birth
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Present Address	City	Postal Code (Required)
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Do you presently Rent or Own?	How Long?	Reason for Leaving	Current Rent
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Phone Number	Email Address (optional)
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Present Landlord/Building Manager's Name	Address	Phone No.
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Applicant's Previous Address	City	Postal Code
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Did you rent or own?	How long?	Reasons for leaving	Final Rent Paid
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Previous Landlord/Building Manager's Name	Address	Phone No.
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Vehicle Make	Model	Year	License Number	State of ownership (leased, owned clear, car loan)
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Intended form of rent payment      Postdated cheques \_\_\_\_      Other (Specify) \_\_\_\_\_

Do you smoke?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you presently carry insurance for personal belongings or third party liability? Yes \_\_\_\_\_ No \_\_\_\_\_

Full name and age of other person to occupy the rental unit (if applicable):

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Last Name	First Name	Middle Name	Age
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**PERSONAL INFORMATION**

NEXT OF KIN: List two friends if you have no relatives  
Please include current addresses and phone numbers

1. \_\_\_\_\_
2. \_\_\_\_\_

IN CASE OF ILLNESES: List two contact persons:  
Please include current addresses and phone numbers

1. \_\_\_\_\_
2. \_\_\_\_\_

Special Interests and Hobbies: \_\_\_\_\_

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Do you have a will? \_\_\_\_\_

If so, Location of will: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number \_\_\_\_\_

**ASSETS: LIST MONTHLY INCOME:**

Rentals	\$ _____
Interest	\$ _____
Pensions	\$ _____
Other	\$ _____

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

Please attach proof of income (e.g. Last years' income tax assessment)

Please attach 3 (three) letters of reference.

Include current addresses and phone numbers.

The Applicant authorizes the person or firm to whom this application is submitted to perform a credit check and to obtain other information about the Applicant as may be deemed necessary in connection with the establishment and maintenance of a residential tenancy as well as to enforce legal and financial requirements that may arise as a result of the tenancy. The Applicant authorizes the Landlord to contact the stated references and to obtain relevant information about the Applicant. All personal information is held confidential.

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The Applicant declares all the application information to be true and accurate

And

Has read and understands the ELIGIBILITY OF APPLICANTS, and REGULATIONS FOR TENANCY

And

Agrees to provide information as required in the regulations and DECLARES THE TOTAL HOUSEHOLD INCOME FROM ALL SOURCES DOES NOT EXCEED THE HOUSEHOLD INCOME LIMIT ESTABLISHED FOR THE CURRENT YEAR BY BC HOUSING AND CMHC (See attached HIL Schedule).

\_\_\_\_\_  
Signature of APPLICANT AT: \_\_\_\_\_  
(City or Town & Province)

\_\_\_\_\_  
Signature of WITNESS DATE: \_\_\_\_\_

Name of Witness (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

**Applicant must read agreement in full before signing the offer to rent**

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FOR OFFICE USE ONLY:

TERRACE & DISTRICT CHRISTIAN COUNCIL FOR SOCIAL RESOURCES

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PAYMENT RECEIVED: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_