

Residency Application Form p1



MAIL ADDRESS PO Box 535
Quathiaski Cove, BC V0P 1N0
PHONE 250.285.2221
EMAIL qishs535@gmail.com
PHONE www.qishs.ca

To complete the application form, print the blank form and fill out by hand, OR fill in the form on your computer and print. Your application to Quadra Island Seniors Housing consists of:

- 1** *This Residency Application form, completed in full*
- 2** *Your Notice of Assessment from Revenue Canada for the past two years*

*Questions? Contact Maureen McDowell at 250.285.2221 or by email at mcboas@gicable.com
Mail your Residency Application form and Notices of Assessment to the mail address above.*

Application guidelines

- ▶ An applicant must be at least 65 years of age and be a Canadian citizen or landed immigrant with an established connection to Quadra Island for two years or more
- ▶ Priority will be given to those applicants whose present housing is inadequate for their physical needs and psychological wellbeing
- ▶ Income, including equity, will not solely disqualify a person or a couple; however, preference may be given to a person or a couple whose financial resources restrict them from acquiring adequate housing
- ▶ All applicants will be required to provide a Notice of Assessment from Revenue Canada for the previous two years
- ▶ All information provided by applicants will be considered strictly confidential
- ▶ Applicants will be contacted for an interview based on the information they submit on their application form
- ▶ New residents will be chosen by a selection committee comprised of three Quadra Island community members

Residency guidelines

- ▶ All units are non-smoking
- ▶ One small pet per unit will be considered
- ▶ All units are wheelchair accessible
- ▶ Residents need to be mobile, able to manage household duties, and plan for the activities of daily living
- ▶ Residents must be capable of self care while living independently with available support services

Residency Application Form p2



MAIL ADDRESS P0 Box 535
Quathiaski Cove, BC V0P 1N0
PHONE 250.285.2221
EMAIL qishs535@gmail.com
PHONE www.qishs.ca

Please fill in your contact information

NAME

PHONE

MAIL ADDRESS

MOBILE

EMAIL

DATE

POSTAL CODE

I HAVE LIVED ON QUADRA SINCE (YEAR)

Describe your current situation and need for senior housing

Describe any medical conditions you have that require assistance from others

Residency Application Form p3



MAIL ADDRESS PO Box 535
Quathiaski Cove, BC V0P 1N0
PHONE 250.285.2221
EMAIL qishs535@gmail.com
PHONE www.qishs.ca

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

If you have a small pet, describe below

Provide the names and contact information for two personal references

Mail your application to:
QISHS
Maureen McDowell (president)
PO Box 535
Quathiaski Cove
BC V0P 1N0