



APPLICATION FOR SUPPORTIVE LIVING

Kiwanis Villa & Kiwanis Soroptimist Suites

Supportive Living is an all-inclusive rent for accommodation and support services available to independent seniors aged 55 years and older.

Services included:

- One of two delicious dinner choices each day (lunch also available for an additional fee)
- Weekly light housekeeping
- Weekly linen laundry service (bed linens and towels)
- A full range of social & recreational activities Monday through Friday
- Scheduled activity outings in our 15 passenger bus
- 24 hour/day emergency response

****Please note that our Supportive Living buildings are smoke-free, pet-free environments****

Is Supportive Living Right for Me?

Supportive Living units are in demand at Kiwanis Village Nanaimo. Applicants will be placed on a waitlist in the order that applications are received.

Please answer the following questions:

1. I am able to manage my day-to-day activities, including:

- | | |
|--|--------|
| Personal shopping..... | YES/NO |
| Making appointments and arranging transportation..... | YES/NO |
| Accessing help and support as needed from family, friends, and others..... | YES/NO |
| Taking care of other needs (e.g. personal care, meal preparation)..... | YES/NO |
| Navigating independently a distance of 100m, to and from the dining room, activities, and building amenities (e.g. laundry rooms)..... | YES/NO |

2. I am confident making safety decisions (e.g. accessing help as needed, using a personal emergency response device, following an emergency safety plan)..... YES/NO

If you answered **NO** to any of the above questions, please contact us at 250-753-6471 for more information and to determine whether Supportive Living is suitable for you. We can also provide information about the other housing options offered at Kiwanis Village. We are a Campus of Care with a variety of levels of housing, including those that provide care services.

Please note that if a Supportive Living resident's health declines or they develop care needs that are greater than can be accommodated in an independent setting, a move to a more appropriate level of housing will be required.

A. Applicant Information:

Last name:		First name:		Birthdate: d/m/y		Age:	
Last name:		First name:		Birthdate: d/m/y		Age:	
Current Address:						How long at address?*	
Home Phone:			Cell Phone:			E-Mail:	
Alternate Contact:		Relationship to Applicant:		Alternate Contact Phone:		Alternate Contact E-Mail:	

B. *Residency History: If less than two (2) years at current address, please list your previous address(es):

Address	From Date	To Date	Name of Landlord	Landlord contact info:
Above Address		Present		

C. Health History: To ensure our staff and services will be able to meet your needs, please fill out the brief health information below.

Applicant Name	Type of Disability or Medical Diagnosis	Has mobility challenges and may find the distance to the dining room difficult? If yes, please identify preferred type of mobility aid		Requires wheelchair and or scooter on daily basis? If yes, please note that only manual wheelchairs are allowed within the unit and/or hallways		Currently receiving assistance/help with day-to-day activities (shopping, booking appointments, meal preparation etc.)? If yes, describe the type of assistance required and who provides the assistance (Health Authority home support, private home care service, family member, etc.)		Special dietary needs or preferences? If yes, please describe	
		Yes	No	Yes	No	Yes	No	Yes	No

****Please Note:** A condition of residency is the completion of a pre-residency assessment to be filled out by the applicants' physician(s)

D. Income Information: List total monthly income from all sources for all applicants

Applicant Name	Income Source (i.e. OAS, CPP, other pension(s), RRIF's, etc.)	Monthly Income (\$)
1.		
2.		
Total monthly income for all applicants*:		

*If your total monthly income is less than the Supportive Living rent, please include any assets or other income sources:

E. Assets: Please list current value of all assets held by all applicants:

Applicant Name	Cash/Bank Balance	Stocks/Bonds/RRIFs	Real Estate Held?		Mortgage Held?	
			If yes, indicate current market value:		If yes, please note amount owing:	
			Yes	No	Yes	No
	\$	\$	\$		\$	
	\$	\$	\$		\$	

F. Current Accommodation: Please check all that apply

Apartment/Basement Suite	House/Duplex/Townhouse/Condo	Trailer/Mobile Home
Living with Family/Friends	Other (please explain) _____	
Rent Own	Share Expenses Have Free Accommodation	Live in a Co-op

G. Type of Accommodation Preferred:

<u>Kiwanis Villa</u>			
		Single Occupancy	Double Occupancy
Unit A – 550 sq. ft.	one bedroom	<input type="checkbox"/> \$1920 - \$2020/month	<input type="checkbox"/> \$2270 - \$2370/month
Unit B – 580 sq. ft.	one bedroom	<input type="checkbox"/> \$1960 - \$2060/month	<input type="checkbox"/> \$2310 – \$2410/month
Unit C – 720 sq. ft.	two bedroom	<input type="checkbox"/> \$2335 - \$2435/month	<input type="checkbox"/> \$2685 - \$2785/month
<u>Kiwanis Soroptimist Suites</u>			
		Single Occupancy	Double Occupancy
Unit A – 550 sq. ft.	one bedroom	<input type="checkbox"/> \$1715/month	<input type="checkbox"/> \$2065/month
Unit B – 655 sq. ft.	one bedroom	<input type="checkbox"/> \$1805/month	<input type="checkbox"/> \$2155/month
Unit D – 620 sq. ft.	one bedroom	<input type="checkbox"/> \$1770/month	<input type="checkbox"/> \$2120/month
Unit E – 810 sq. ft.	two bedroom	<input type="checkbox"/> \$2145/month	<input type="checkbox"/> \$2495/month

DECLARATION: Please read and sign this statement:

I/We understand that this application does not constitute any agreement on the part of the Kiwanis Village/NDSCHDS to provide me/us with rental accommodation. I/We declare that the information given in this application is correct and complete. I/We understand that it is my/our responsibility to advise Kiwanis Village/NDSCHDS of any changes to the information given in this application and to provide any supporting materials required for my/our application.

I/We understand that failure to advise Kiwanis Village/NDSCHDS of up-to-date contact information may result in my/our application being withdrawn without notice.

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give Kiwanis Village/NDSCHDS my/our consent to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation or social agency to release to the Kiwanis Village/NDSCHDS any information pertinent to the assessment of my/our application.

I/We authorize consent to Kiwanis Village/NDSCHDS receiving and exchanging, with credit bureaus and my/our previous landlords with whom I/we have had dealings, credit and other information about me/us. I/We understand that such information will be a factor in the Kiwanis Village's/NDSCHDS' decision to provide me/us with rental accommodation.

Signature of Applicant1 :	Date
Signature of Applicant 2:	Date

- **Have you completed all areas of your Application?**
- **Have you read and signed the Declaration?**

Completed applications must be sent either by e-mail to info@kiwanisvillage.ca or

by mail to: Kiwanis Village, 1233 Kiwanis Crescent, Nanaimo, BC V9S 5Y1