



## Trail Elderly Citizens Housing Society (TECHS)

Jubilee Place  
 1651 Bay Avenue, Trail, BC, V1R 4R7  
 Tel: 250.364.0331

### Application for Residence

<b>Applicant Name</b>			
<b>Date of Birth</b>	Day:	Month:	Year:
<b>Current Address</b>			<b>Current Phone Number:</b>
<b>Current Landlord:</b>	Name:		Phone Number:
<b>Doctor</b>	Name:		Phone Number:
<b>Caseworker (if applicable)</b>	Name:		Phone Number:
<b>Emergency Contact</b>	Name:		Phone Number:
<b>Reference 1 (non-relative)</b>	Name:		Phone Number:
<b>Referenced 1 Address:</b>			
<b>Reference 2 (non-relative)</b>	Name:		Phone Number:
<b>Reference 2 Address:</b>			
<b>Vehicle License Number (if applicable)</b>			
<b>Next of Kin:</b>	Name		Phone Number
<b>Next of Kin Address:</b>			
<b>Income Data</b>			
<b>Source</b>	<b>Gross Monthly Income:</b>		
	\$		
	\$		
	\$		
	\$		
	\$		
	<b>Total Income:</b> \$		



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<b>Are you receiving Shelter Assistance for the elderly?</b>		<b>Yes:</b>	<b>No:</b>
<b>If yes, how much do you receive</b>		<b>\$</b>	
<b>Assets</b>			
<b>Cash/Bank Balance:</b>		<b>\$</b>	
<b>Term Deposits/Stocks/Bonds:</b>		<b>\$</b>	
<b>Value of Real Estate Owned:</b>		<b>\$</b>	
<b>Other Assets</b>		<b>\$</b>	
<b>Total Assets</b>		<b>\$</b>	
<b>Last month's bank statement (attach copy)</b>			
<b>Proof of tenant insurance is required annually.</b>			
<b>Applicant's Signature</b>			
	Date:		

Two references, not related to applicant, are required.

Please be advised, Jubilee Place is a non-smoking and no-pets facility

Send completed form and income tax information by post mail or drop off in-person to:

TECHS Application for Residence, 1651 Bay Avenue, Trail, BC, V1R 4R7