



Purcell View Apartments - Application Form

If this application is printed, please return the completed application to Golden CED at PO Box 746, Golden, BC, V0A 1H0 or drop it off at 202-421 9th Ave. N (slide it under the door if closed).

Full Name *

First Name

Last Name

Date of birth *

Day

Month

Year

Phone Number *

Area Code

Phone Number

Address *

Street Address

Mailing Address

City

Province

Postal Code

How long have you lived in BC? *

How long have you lived in the Golden area? *

Marital Status *

Spouse's Name

Do you have a disability? *

Yes

No

State the particulars of your disability

General state of health *

Who is your regular doctor? *

Total monthly income including all pensions, OAS, CPP, DVA, etc.: *

Do you qualify for any income supplements? *

Yes

No

Do you own real estate? *

Yes

No

Assessed value

Location

Do you have any other assets (ex: savings, investments)? *

Yes

No

Value

Describe your present accommodation *

Why do you wish to move? *

Please provide two references:

Full Name

Contact Number

1

2

Alternate contact in Golden (if we cannot reach you when a unit becomes available):

	Name	Phone Number	Email	Relationship
Alternate contact				

In signing this application, I agree to the following terms and conditions (check all boxes): *

☐ This application doesn't guarantee placement in a unit. When a unit becomes available, there will be a selection process including an eligibility assessment.

☐ This is an independent living facility and as such I must be capable of caring for myself, as no services are provided. If my health (or that of my spouse) requires nursing care or if I or my spouse are deemed by Golden CED to be putting other residents or the building at risk, then I may be required to move out of Purcell View Apartments.

☐ All residents of Purcell View Apartments are required to have a local emergency contact.

☐ This is a non-smoking building and no smoking in the building or individual apartments will be tolerated.

☐ I understand that I must be prepared to acquire furnishings suitable for my unit.

☐ All rental rates are determined at the time of unit assignment.

Date application is submitted

Day Month Year