

CONFIDENTIAL APPLICATION FORM
SUPPORTIVE HOUSING (Hawkins House)

DATE:

A) APPLICANT

Name:

Home Phone #

Date of Birth:

Address:

How long

Do you have a Power of Attorney? _____

POA or First Contact:

Relationship:

Address:

Contact #:

Other Contacts:

Do you smoke YES NO

Do you plan to bring your car YES NO

Do you have any special dietary requirements? _____

B) HISTORY OF RESIDENCY (if above less than 5 years)

Address:

How long:

Name of Landlord:

Phone:

Do you currently live in subsidized housing? ____No____

If yes, where and name of development: _____

C) ADMISSIONS CRITERIA

- Applicants must be 60 years of age or over; with special exceptions to persons 50 years of age or over and involuntarily retired from the work force due to a disability.
- Your income cannot be over \$31, 000 per year.
- You must be willing to purchase the services offered (housekeeping, laundry and meals).
- Rent is calculated at 30% of total income. You must provide a copy of your latest income tax return. This process must be completed annually by the Dept. of Social Development.
- All tenants are required to sign a lease.
- All tenants are required to have a Power of Attorney. A copy will be provided for the tenants file.

WHICH OF THE FOLLOWING SERVICES DO YOU CURRENTLY RECEIVE?

SERVICE	HOURS PER DAY
Meals/laundry/housekeeping	
Shopping	
Bathing	
Medications	
Transportation	
Other: Meals on Wheels	
TOTAL HOURS	

Are you currently subsidized by Dept. of Social Development for any of the above services?

What, if any, is the amount you pay? _____

Signature of Applicant

Date

York Developments Inc.