

# M. KOPERNIK (NICOLAUS COPERNICUS) FOUNDATION

ADMINISTRATION OFFICE  
3150 Rosemont Dr.  
Vancouver, BC V5S 2C9  
Tel.: 604.438.2474

KOPERNIK APARTMENTS  
3132 Rosemont Dr.  
Vancouver, BC V5S 2C9

## APPLICATION FOR RENTAL ACCOMMODATION

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**1. Next of kin** \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Other than husband/wife)

Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

**2. Person to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

**3. Care Card Number:** \_\_\_\_\_

**4. Family Physician:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**5. Do you own a car?** \_\_\_\_\_ If yes, make and license plate number \_\_\_\_\_

**6. How long have you lived in BC?** \_\_\_\_\_

**7. What is the present state of your health?** \_\_\_\_\_

**8. What are your disabilities?** \_\_\_\_\_

**9. Are you currently receiving home support services?** \_\_\_\_\_

\_\_\_\_\_  
(Name of Agency)

\_\_\_\_\_  
(Frequency of Service)

**Do you receive meals on wheels?**  YES  NO \_\_\_\_\_  
(Frequency of Service)

**10. Do you smoke?**  YES  NO

**11. Residency history:** Please list your address(es) for the past two (2) years

ADDRESS	DATES		NAME OF LANDLORD	LANDLORD'S TELEPHONE NO.	RENT AMOUNT PAID
	FROM	TO			

**DECLARATION OF ASSETS AND INCOME**

ASSETS:				MONTHLY INCOME:			
APPLICANT #1		APPLICANT #2		APPLICANT #1		APPLICANT #2	
CASH/BANK:		CASH/BANK:		OAS		OAS	
TERM DEP.		TERM DEP.		CPP		CPP	
STOCK/BONDS		STOCK/BONDS		GIS		GIS	
REAL ESTATE		REAL ESTATE		FOREIGN PEN.		FOREIGN PEN.	
RRSP		RRSP		SALARY		SALARY	
OTHER		OTHER		OTHER		OTHER	

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

**1. Are you under Notice to Terminate from present accommodation for the following reasons? If yes, please attach a copy of Notice.**

- a. Notice with cause (i.e. broke Tenancy Agreement)  Yes  No
- b. Notice without cause (i.e. building being demolished)  Yes  No

**2. Why is your present accommodation unsatisfactory? Please specify.**

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**3. Who will be responsible for rent payment?**  Self  Other

If 'Other' please provide: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**4. Do you own pets?**  Yes  No

*I/We hereby certify that the information given herein is true, correct, and complete in every respect and that my/our financial declaration discloses my/our income from all sources. I/We understand that it is my/our responsibility to advise the Foundation of any changes to the information given above.*

\_\_\_\_\_  
Signature of Applicant 1

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date