



100 46187 YALE RD • CHILLIWACK, BC V2P 0M2  
TEL 604.792.4267 FAX 604.792.6575  
ccsinfo@comserv.bc.ca

Dear Applicant,

Thank you for your interest in the Paramount. We provide independent living apartments for seniors at low-end market rates.

This application is for Low End Market units only. These are not for the subsidized units, and applicants for these units are not eligible for subsidized housing.

To qualify for the Paramount Project, you must meet the following criteria.

**Eligibility Criteria:**

- Capable of living independently without need for services provided by the Landlord.
- Willing to sign a no smoking agreement.
- 55 years or older.
- Preference is given to Chilliwack residents.
- **SAFER RECEIPTS INELIGIBLE FOR HOUSING AT THE PARAMOUNT**

The information requested here will assist you and will be treated with strict confidentiality.

Applicants who are offered and accept a unit must sign a tenancy agreement and may be required to sign tenancy agreement addendums that cover topics such as pets, parking, laundry, smoking, etc.

For housing application questions, please contact [housing@comserv.bc.ca](mailto:housing@comserv.bc.ca)

Best regards,

Chilliwack Community Services Housing Staff

The Paramount Seniors Housing offers Low End Market Rental apartments for \$1,200 per month. This is the application for seniors who qualify for the Low-End market units.

[Applicant information](#)

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Middle Name (optional): \_\_\_\_\_

Preferred Name (I would like to be called): \_\_\_\_\_

D.O.B. (dd/mm/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_ Do you identify as indigenous?  Yes  No

If yes, which band do you affiliate with? \_\_\_\_\_

[Contact information](#)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ \*BC

Postal code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact's name: \_\_\_\_\_

Emergency contact's phone number: \_\_\_\_\_

Emergency contact's relationship to applicant: \_\_\_\_\_

How would you like us to contact you?  Phone  Email

Is English your first language?  Yes  No

If not, what is your first language? \_\_\_\_\_

### Housing Information

Current Address/or Most Recent Address (street, city, postal code):

\_\_\_\_\_  
\_\_\_\_\_

How long have you/did you live at this address?

From (dd/mm/yyyy): \_\_\_\_\_

To (dd/mm/yyyy or *PRESENT*): \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord phone: \_\_\_\_\_

To assess your current housing needs, select as applicable:

I own my own home  I rent  I share accommodation

How much do you pay for your accommodation? \$

How often do you pay this amount?  Nightly  Weekly  Monthly

If renting, which utilities are included?  Electricity  Heat  Hot water

If you do not rent, own your home or share accommodation, please select the following option that is most applicable to you

Homeless  Living with friends/family  Hotel/Motel

Emergency Shelter/Transition house  Second-stage housing

Not applicable  Other(*describe*): \_\_\_\_\_

Why are you moving from your current address/did you leave your last address?

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What is the earliest date you could move in? (dd/mm/yyyy): \_\_\_\_\_

Will you need to give 30 days' notice?  Yes  No

The Paramount is a BC Housing building which means there are some notable restrictions to tenancy that you should consider if you wish to move into the Paramount.

1. All pets must be registered through our agencies Pet Agreement before they are allowed on the property.
2. There is no smoking permitted anywhere on the property of any kind including vaping.
3. Parking is not included, nor will there be spots dedicated for residents of the Paramount.

(Check) I understand that the Paramount is smoke-free, does not have included parking and pets are required to be registered.

#### [Relationship to Chilliwack](#)

How many years have you lived or worked, or did you live in Chilliwack for?

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How many family members and/or friends do you have living in Chilliwack?

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If you answered yes, briefly describe how the health condition or disability described above affect your ability to function in your current housing:

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References

Please provide First and Last name and a contact phone number for each of the following:

**Landlord:**

First and Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Previous Neighbour:**

First and Last Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

When completed, please send or email to:

**Housing**

100 - 46187 Yale Road Chilliwack, BC V2P 0M2

Email: [housing@comserv.bc.ca](mailto:housing@comserv.bc.ca)

This application for accommodation will be held on file for a period of one year. At that time, the application will be destroyed. In order to stay in the system, you must update the application annually.