



LASQUETI LAST RESORT SOCIETY
#1 China Cloud Bay Road
Lasqueti Island, BC V0R 2J0
250-333-8891
healthcentre@lasqueti.ca
www.judithfishercentre.com
Charity Registration Number: 861119261 RR0001

Applicant name: _____

CHECKLIST FOR ELDER COTTAGE APPLICATION

Please make sure that your application is returned complete with all necessary documents attached. If you have questions or need help assistance, please contact LLRS Housing Liaison Marilyn Darwin at 250-333-8852.

- Do you have a **registered will**? LLRS requires that all residents have a will that is registered.

Yes, I have a registered will. _____ *(please initial)*

- Do you have an **executor** who lives nearby? YES NO

On Lasqueti or in the central Vancouver Island Area? YES NO

It is highly recommended that you have an executor who lives in the area.

- Do you have a **power of attorney**? All residents must have a power of attorney.

Power of attorney name/phone: _____

- Do you have a **representation agreement**? All residents must have a representation agreement.

Representation name/phone: _____

- Complete and sign the Application for Residency
- Sign the Conduct Agreement.
- Sign the Occupancy Agreement.
- If bringing a pet(s), discuss with LLRS representative AND sign Pet Agreement
- If eligible, complete the SAFER subsidy form and **** return to BC Housing ****.