

OFFICE USE ONLY

PLEASE TYPE OR
PRINT CLEARLY

File # _____

Date _____

1. Applicant Information

| Last Name | First Name | Title (please circle one) | |
|-----------|------------|---------------------------|----------|
| | | Mr. Miss | Mrs. Ms. |
| | | Mr. Miss | Mrs. Ms. |

2. Contact Information

| Street Address | City | Province | Postal Code |
|---|------|----------|-------------|
| Home | | | |
| Mailing address, if different from home address | | | |

| | |
|---------------------------|----------------------|
| Home phone | Work phone |
| Message phone | E-mail |
| Contact person (optional) | Contact person phone |

3. Household Information

3a. List yourself, then all other household members. If required, attach separate sheet for more names.

| Last Name | First Name | Relationship (to Applicant) | Birth Date (dd/mm/yyyy) | Age | Sex | Born in Canada? |
|-----------|------------|--------------------------------|----------------------------|-----|-----|--------------------|
| 1. | | Self | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

continued on next page...

3. Household Information continued...

3b. For each person not born in Canada, please provide the information below:

| Name | Date Moved to Canada | Current Status in Canada | Sponsored Immigrants Only | |
|------|----------------------|--------------------------|---------------------------|------------------------------------|
| | | | Name of sponsor | Date sponsorship agreement started |
| | | | | |
| | | | | |
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| | | | | |

3c. Do all of the people listed live with you full time right now? Yes No

If No, please provide the name of the person(s) and number of days per week they live with you.

| Name | # days per week | Shared custody? | If not shared custody, why are they not living with you full time? |
|------|-----------------|-----------------|--|
| | | Yes/No | |
| | | | |
| | | | |
| | | | |

3d. Do you expect the number of people living with you to change in the next 12 months? (e.g., pregnancy, family joining, family leaving, child in care) Yes No

If Yes, please explain and provide expected date of household size change.

continued on next page...

4. Residency History

4a. Please provide information on your last three landlords.

| Rental Address (street, city) | From Date (dd/mm/yyyy) | To Date (dd/mm/yyyy) | Landlord Name | Landlord Phone # | Reason for Leaving |
|-------------------------------|---------------------------|-------------------------|---------------|---------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

4b. Have any adults (age 19 or older) listed on this application lived with you for less than two years?

Yes No

If Yes, Please list their name and landlord information for their last three landlords.

| Rental Address (street, city) | From Date (dd/mm/yyyy) | To Date (dd/mm/yyyy) | Landlord Name | Landlord Phone # | Reason for Leaving |
|-------------------------------|---------------------------|-------------------------|---------------|---------------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

4c. Have you or any members of your household ever lived in subsidized housing?

Yes No

If Yes, provide the following information for all previous subsidized housing

| Name on Tenancy | Name and Address of Development | Reason for Leaving? | Money Owing? Yes/No |
|-----------------|---------------------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

If there is money owing due to a past tenancy, complete the following:

| | |
|--|--|
| How much is owing? \$ _____ | Is there a written repayment schedule in place? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please attach a copy of the repayment agreement. | |
| Reason for debt: | |

↳ Note: failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application.

continued on next page...

5. Income and Asset Information

5a. Is anyone in the household receiving income assistance from the Ministry of Housing and Social Development (formerly MEIA)? Yes No

If Yes, please complete the table below for each person receiving assistance.

| First Name | Category |
|------------|---|
| | <input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable |
| | <input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable |
| | <input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable |
| | <input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable |

5b. For all other income sources, list gross monthly income (before deductions) for everyone age 19 and older.

| First Name | Income Source (employment, EI, pension, etc.) | Gross Monthly Income (\$) |
|--|--|---------------------------|
| | | |
| | | |
| | | |
| | | |
| Total gross monthly income for household | | \$ |

5c. For any adult (age 19 or older) with no income, please tell us why there is no income.

 If any adult (age 19 or older) is a full-time student, attach proof of student status to application.

5d. List the current value of all assets held by you and members of the household.

| | | | |
|----------------------------|----|----------------------------|----|
| Cash/Bank Balance | \$ | RRSPs/Annuities | \$ |
| Stocks/Bonds/Term Deposits | \$ | Residential Real Estate | \$ |
| Other Assets | \$ | Other Real Estate Holdings | \$ |

 Proof of income and assets must be sent in with application. See enclosed checklist for details.

continued on next page...

6. Current Accommodation

6a. Do you: Rent Own Share expenses Other _____

6b. How much is your rent payment? \$ _____ Is this: Nightly Weekly Monthly

Is heat included in the rent? Yes No

6c. How many bedrooms does your household have? _____

6d. Please describe your current living arrangements


- | | | |
|--|--|--|
| <input type="checkbox"/> House/Townhouse | <input type="checkbox"/> Apartment/Basement suite | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Second-stage housing | <input type="checkbox"/> Manufactured home/Trailer (in park with services) | <input type="checkbox"/> Transition house |
| <input type="checkbox"/> Housekeeping/Room and board | <input type="checkbox"/> Living with family or friends | <input type="checkbox"/> Emergency shelter |
| <input type="checkbox"/> Treatment centre or care facility | <input type="checkbox"/> Other Describe: _____ | |

6e. Do you have a bathroom? Private Shared None

6f. Do you have a kitchen? Private Shared None

6g. Have you received a legal notice to end tenancy? Yes No

If Yes, what date do you have to move by? _____

 **Attach a copy of the notice to end tenancy to the application. This notice must be the Residential Tenancy Branch's Notice to End Tenancy form.**

6h. If you are NOT under notice to move, please tell us why you want to move.

continued on next page...

7. Health and Mobility Information

To assist with matching you to housing that best suits your needs, please complete the following questions. **If you do not have a health condition or disability go to Section 8.**

7a. Do you, or any members of your household, have restrictions with stairs?

No restrictions Cannot manage stairs Limited number of stairs. (How many? _____)

7b. Do you, or any members of your household, use a:

Wheelchair? Yes No Scooter? Yes No

If Yes, who? _____

If a wheelchair is used, is it used inside your home? Yes No

If Yes, is it used in the kitchen? Yes No

If Yes, is it used in the bathroom? Yes No

7c. Can you and your household members access and function in all rooms in your current housing?

Yes No

If No, please explain: _____

7d. Other than mobility concerns, do you, or any members of your household, have a health condition or disability? Yes No

| Name of household member | Explain the health condition or disability |
|--------------------------|--|
| | |
| | |
| | |

How does the health condition or disability described above affect your ability to function in your current housing?

Please explain: _____

7e. Please describe any special requirements or features that you may need in your housing related to your mobility or health condition.

continued on next page...

7. Health and Mobility Information continued...

7f. Do you currently receive home support? Yes No

If Yes, number of hours a week? _____

Who are the agencies providing home support?

| Agency Name | Worker | Phone Number |
|-------------|--------|--------------|
| | | |
| | | |

8. Housing Preferences/Choices

Answers to the questions below will help The Housing Registry match you to suitable units.

8a.

8b. Would you live in a ground floor unit? Yes No

8c. Would you live on any floor in a high rise? Yes No, up to floor _____

8d. Would you live in a co-op? (Must be willing to volunteer time to help run the building.) Yes No

If Yes, how many hours a month will you be able to contribute to co-op activities? _____

For more information on co-operative housing, go to www.chf.bc.ca

8e. Do you or anyone in your household smoke in your home? Yes No

8f. Would you consider housing without parking? Yes No

8g. Do you have any pets? Yes No

If Yes, how many pets in total? _____

Provide the following information for all household pets.

| Type | How many | Willing to give up? | | | |
|-------|----------|------------------------------|--------------------------------------|-----------------------------|-----------|
| Dog | | <input type="checkbox"/> Yes | <input type="checkbox"/> All but one | <input type="checkbox"/> No | Breeds: |
| Cat | | <input type="checkbox"/> Yes | <input type="checkbox"/> All but one | <input type="checkbox"/> No | |
| Other | | <input type="checkbox"/> Yes | <input type="checkbox"/> All but one | <input type="checkbox"/> No | Describe: |

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PLEASE READ AND SIGN THIS STATEMENT.

Application Form Declaration

I/We declare:

- this is my/our application; and
- all the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), **Oliver Kiwanis Housing** to make any inquiries that are necessary to verify the information given in this application;
- pursuant to the FOI Act, any person, corporation or social agency to release to **Oliver Kiwanis Housing** any information pertinent to the assessment of my/our application;
- members of **Oliver Kiwanis Housing** to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision-making process to provide me/us with housing;
- Canada Revenue Agency (CRA) to provide verification of my/our income and details from taxation information;
- the Canada Pension Plan (CPP) releasing information regarding my/our income and medical information from my/our application for a CPP disability pension;
- Ministry of Employment and Income Assistance (MEIA) releasing information to **Oliver Kiwanis Housing** regarding my/our income and information from my/our Person with Persistent Multiple Barriers or Person With Disabilities application.

I/We understand:

- that, in accordance with section 33 (c) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-geared-to-income housing;
- that this application is not an agreement on the part of **Oliver Kiwanis Housing** or its members to provide me/us with housing;
- that it is my/our responsibility to tell **Oliver Kiwanis Housing** of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration;
- that if I/we have deliberately worsened my/our current housing situation (e.g., terminated a tenancy for no reason) that my/our application may not be accepted or my/our current living situation may not be taken into consideration.

Application must be signed by everyone age 19 or older.

| Print Name | Signature of Applicant(s) | Social Insurance Number | Date |
|------------|---------------------------|-------------------------|------|
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