APPLICATION FOR TENANCY

Fax: 250-352-9855

Who is Eligible

Affordable housing is available for families, singles, seniors, and persons living with disabilities who can live independently and qualify for a disability pension or who cannot work because of a disability.

Generally, people are eligible for housing if their household income falls below an amount set annually by BC Housing and their current rent exceeds 30 per cent of their income. As the demand for affordable housing is high, Nelson Affordable Housing assesses each applicant's need for housing based on criteria which includes the applicant's income, current living situation and personal and family requirements as compared to other applicants. This ensures that priority is given to households in the greatest need.

Purpose of this Form

This application form is designed to collect specific information from applicants seeking affordable housing in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act (the FOI Act). Nelson Affordable Housing (referred to in this form as The Society) will use this information to determine your eligibility for housing and the types of accommodation that best suit your needs.

Important information

In British Columbia affordable housing vacancies are limited. To increase your chances of obtaining housing, it is recommended that you apply for several developments and other geographic regions within the province. Visit <u>BC Housing</u> for more information. In British Columbia affordable housing vacancies are limited. To increase your chances of obtaining housing, it is recommended that you apply for several developments and other geographic regions within the province. Visit BC Housing for more information.

Please update this application if any of your information changes by **emailing Nelson CARES Society at**: housing@nelsoncares.ca or by fax: 250-352-9855

If we do not hear from you annually, your application will be stale dated after twelve months and removed from our active files. To protect private information, we shred all inactive applications.

To increase our ability to reach you, please provide a daytime phone number, phone number of a contact person, or email address. We only contact applicants being considered for a vacant unit.

You will receive a letter of confirmation within 30 days of submitting your application. If you do not receive a letter of confirmation, please contact the office at housing@nelsoncares.ca

Please keep this page for your reference. Do not include this page in fax transmissions nor submit it with your application.

First name

A. Applicant: Person seeking accommodation

Last name

Former name(s):

(PLEASE PRINT OR TYPE CLEARLY)

Home Phone

Work Phone

For assistance in completing this form, please contact 352-6011 ex:10

Mr.

Mrs.

Miss

Ms.

Mailing Address:	Message Phone							
Email Address:								
Household Composition: List yourse	elf on line 1 and	d then a	all other pe	rsons in your ho	ousehold who will	be living w	ith you.	
Full Name (last name, first name, initial)	Birth Date d/mo/yr	Age	Gender	Relationship to Applicant			Wheelchair Requirements	
1				Applicant			Yes	
2							Yes	
3							Yes	
1							Yes	
5							Yes	
3							Yes	
Do you expect the number of people in you If yes, please explain:	-	_		months? (pregr	nancy, family joinii	ng, family l	eaving)	
Residency History: List all addresses number of each landlord.	for the past 5	years.	Use a sepa	arate sheet if red	quired. Be sure to	include the	e name and pho	
Address	From D	From Date		te Nar	Name of Landlord		Landlord Phone No.	
Current Address (same as above)			Prese	nt				

	Society? Yes No					
If yes, please list the property name and location:						
D. Income Info		nonthly income [be	efore deductions] for all manager and mana			
	Name Source (i.e. employment, EI, pension, BC Benefits, etc.) Gross Monthly Inco			Gross Monthly Income (\$)		
1						
2						
3						
4			Т	otal Gross Monthly		
Note: proof of income is	required prior to start of tenancy.			ome for Household	\$	
E. Assets: (list	the current value of	all assets held by	you and members of you	r household)		
Cash/ Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$ Value of Real Estate Owned		\$	
Note: verification is requi	red prior to start of tenancy.					
Other assets: In	clude RRSPs, Annui	ties, GICs and othe	er investments held by m	embers of your ho	usehold.	
		\$			\$	
F. Current Acc	ommodation: Desc	cribe your current	accommodation as co	mpletely as possi	ble;	
Your current n	Your current monthly rent is \$ Does your rent include heat? \[\sum \text{Yes} \] No If no, how much do you pay for utilities: \$					
Describe your current accommodation: 1.						
Do you: 1. Rent 2. Own 3. Share Expenses 4. Have Free Accommodation 5. Live in a Co-op						
Does your present accommodation have a:						
Bathroom: Private Shared None						
Kitchen: Private Shared None						
Outdoor play area:						
Do you have any household pets?						
NOTE: Nelson CARES Society Affordable Housing units do not allow pets, Cedar Groves Estates, Copper Mountain Court and Lakeside Place have a strict no pet policy. Ward Street Place has some units that do allow cats, small caged birds, small caged rodents and small aquariums. All pets must be declared, approved, and recorded on tenancy.						
	Are you willing to give up a pet? Yes No NOTE: Nelson Affordable Housing units do not allow cats or dogs. Exceptions to the pet policy are small aquariums.					
All pets must be declared, approved, and recorded on tenancy.						

NAME	RELATIONSHIP	С	ONTACT INFORMATION		
H. Reason for	Move:				
	er notice to end your present tenar	ncv?			
-	se attach a copy of the Notice to	-			
,	t under notice, please describe yo arate sheet of paper.	ur reasons for wanting	g to move. If you require additional space,		
. Application					
Before subr	mitting your Application, please	•	ve:		
	☐ completed your Application in full;				
Ш	included <u>at least</u> two references;				
	enclosed a copy of the 'Notic	e to End a Resident	ial Tenancy', if applicable; and		
	signed and dated the Applica	tion in the shaded s	pace below.		
DECLARATI	ON: Please read and sign this	statement:			
•	application; and rmation in it is correct and complete to	o the best of my knowled	dge and belief.		
any inquiriePursuant to informationNelson Aff	o the Freedom of Information and Pro es that are necessary to verify the info o the FOI Act, any person, corporation o pertinent to the assessment of my/or	ormation given in this apport or social agency to release application; and ange with credit bureaus	ne FOI Act), Nelson Affordable Housing to make plication; and ease to Nelson Affordable Housing any and previous landlords any credit or other		
housing pThis applie accommoIt is my/ou	ance with section 33 (c) of the FOI Act roviders in order to increase opportun cation does not constitute any agreem dation; and	ities for rent-geared-to-in nent on the part of Nelso dable Housing of any ch	on Affordable Housing to provide rental nanges to the information given in this		
Signature	of Applicant		Date Signed		
	PLEASE NOTE: it is a felony to know	Santa and State Cales Santa			