

APPLICATION FOR TENANCY

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. Use the province of the prov

Please update this application if any of your information changes by **emailing Nelson CARES Society at**: <u>housing@nelsoncares.ca</u> 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.

A. Applicant: Person seeking accommodation

Last name	First name	Mr.	Miss	Home Phone
		Mrs.	Ms.	
Former name(s):				Work Phone
Mailing Address:				Message Phone
Email Address:				

B. Household Composition: List yourself on line 1 and then all other persons in your household who will be living with you.

Full Name (last name, first name, initial)	Birth Date d/mo/yr	Age	Gender	Relationship to Applicant	Type of Disability (if any)	Wheelchair Requirements
1				Applicant		🗌 Yes
2						🗌 Yes
3						🗌 Yes
4						🗌 Yes
5						🗌 Yes
6						🗌 Yes

Do you expect the number of people in your family to change in the next 12 months? (pregnancy, family joining, family leaving)

If yes, please explain: _____

C. Residency History: List all addresses for the past 5 years. Use a separate sheet if required. Be sure to include the name and phone number of each landlord.

Address	From Date	To Date	Name of Landlord	Landlord Phone No.
Current Address (same as above)		Present		

Have you previously	ved in subsidized accommodation or been a tenant of Nelson CARES or its predecessor, Nelson & District Housing
Society? Yes	□ No

If yes, please list the property name and location:

What were the dates of your tenancy? From _____ To ____

D. Income Information: List gross monthly income [before deductions] for all members of your household, age 19 and older, from all sources. *Note: Child tax credit is not considered income for these purposes but child support payments are.

	Name	Source (i.e. employment, EI, pension, BC Benefits, etc.) G		Gross Monthly Income (\$)		
1						
2						
3						
4						
Note: proof of income is r	required prior to start of tenancy.				otal Gross Monthly ome for Household	\$
E. Assets: (list	the current value of	all assets held by	you and	members of you	household)	
Cash/ Bank Balance	\$	Stocks/Bonds/ Term Deposits	\$		Value of Real Estate Owned	\$
Note: verification is require	red prior to start of tenancy.					
Other assets: Inc	clude RRSPs, Annui	ties, GICs and oth	er invest	ments held by m	embers of your hou	usehold.
		\$				\$
	ommodation: Desc	cribe your current				
Your current m	ionthly rent is \$			our rent include hea		No No
			n no, no	w much do you pa	y for utilities. \$	
1. Apartmer	rrent accommodation: nt 2. 🔲 Ho	ouse/Duplex/Townho	ouse	3. 🛛 Houseke	eping Room	4. D Basement Suite
5. 🔲 Room &	Board 6. 🛛 Tr	ailer		7. 🔲 Living w	ith Family/Friends	
8. Hotel/Mo	tel 9. 🛛 Ot	Dther (please explain)				
How many bedro	oms do you have now	?				
_						
Do you: 1. 🔲 Rent	2. 🛛 Own	3. 🛛 Share Expe	enses	4. Have Fre	e Accommodation	5. 🔲 Live in a Co-op
Does your prese	nt accommodation hav	e a:				
Bathroom:	Private	☐ Shared		lone		
Kitchen:	Private	Shared		lone		
	_					
Outdoor play	/ area. L res					
Are you working	g with a service provi	der? 🛛 Yes [□ No	Please indicate w	hich agency and thei	r name:
1. 🛛 Commun	ity Services 2.	Victim Services 3	. 🛛 т-ł	nouse 4. 🛛 Otl	ner S.P. Name:	
Do we have pern	nission to discuss your	application with ther	m? 🗖	Yes 🛛 No		
Do you have any	household pets?	No Yes Nu	mber of p	ets? Type of pet:	(Please indicate)	
Lakeside Place h	ARES Society Affordal have a strict no pet policy ums. All pets must be c	cy. Ward Street Plac	e has sor	ne units that do all		lountain Court and birds, small caged rodents
	give up a pet? Y		its or dog	s. Exceptions to	the pet policy are s	mall aquariums.
	a IIA	ets must be declare	ed, appro	ved, and recorde	d on tenancy.	

G. REFERENCES: Please give at least 2 references that are not family members or personal friends, (employer, previous landlords, social worker, etc.) and contact information, email, phone number(s), address.

NAME	RELATIONSHIP	CONTACT INFORMATION

H. Reason for Move:

Are you under notice to end your present tenancy? Yes No If yes, please attach a copy of the Notice to End Tenancy served by your landlord.
If you are not under notice, please describe your reasons for wanting to move. If you require additional space attach a separate sheet of paper.
If you are not under notice, please describe your reasons for wanting to move. If you require additional space

I. Application Checklist:

Before submitting your Application, please ensure that you have:

- completed your Application in full;
- included <u>at least two</u> references;
- enclosed a copy of the 'Notice to End a Residential Tenancy', if applicable; and
- signed and dated the Application in the shaded space below.

DECLARATION: Please read and sign this statement:

I/We declare:

- This is my application; and
- All the information in it is correct and complete to the best of my knowledge and belief.

I/We authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), Nelson Affordable Housing to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release to Nelson Affordable Housing any
 information pertinent to the assessment of my/our application; and
- Nelson Affordable Housing to receive and exchange with credit bureaus and previous landlords any credit or other information to be used in the decision to provide rental accommodation.

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 opportunities for rent-geared-to-income housing; and
- This application does not constitute any agreement on the part of Nelson Affordable Housing to provide rental accommodation; and
- It is my/our responsibility to advise Nelson Affordable Housing of any changes to the information given in this application and to provide relevant supporting materials required or requested.

Signature of Applicant	Date Signed
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PLEASE NOTE: it is a felony to knowingly provide false, inaccurate, or incomplete information.

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