

# RENTAL HOUSING APPLICATION

## 1 : Are You Eligible For Our Housing?

The Society of Hope has four types of affordable rental housing. Please review the eligibility requirements and check the type of housing that applies to you. Please note, if no type of housing listed applies to your situation, the Society of Hope is not able to provide the housing you require and cannot activate your application.

**FAMILIES WITH CHILDREN**

*You must have dependent children\* living with you AND you must have at least 40% custody of the children. Dependent children include children under 19, or Infirm Dependent children over 18.*

**SENIORS (+ 55 years)**

*You or your spouse (married or common law) must be at least 55 years of age.*

**PERSONS REQUIRING WHEELCHAIR OR WALKER (+ 45 years)**

*You or your spouse must require the use of a wheelchair or walker, and be at least 45 years of age.*

**SHORT TERM HOUSING FOR WOMEN, AND WOMEN WITH CHILDREN (no males over age 12)**

*You must be a woman 19 years and older AND be drug and alcohol addiction free for 6 months.*

## 2 : Tell Us About Your Household

#1 Name: \_\_\_\_\_ / \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
(SURNAME) (GIVEN NAME) (MONTH/DAY/YEAR) (M/F)

*\*List all other household members that will be living with you, and their relationship to you (spouse, common law, son, daughter)*

#2 Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

#3 Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

#4 Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

#5 Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

#6 Full name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_

Contact Info: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(HOME PHONE) (CELL PHONE) (EMAIL)

Do you rent or are you the owner? Rent  Monthly payment \$ \_\_\_\_\_ Own  Monthly payment \$ \_\_\_\_\_

Do you have any pets? Yes  No  If Yes, indicate what pets you have. \_\_\_\_\_

All units are in transition to smoke free. Would all applicants be willing to sign a "No Smoking" addendum? Yes  No

### 3: Your Household Income

Society of Hope housing is Rent Related to Income. Each adult (19+) in the household needs to declare their income.

#1 Household Member: income from previous year's Revenue Canada Notice of Tax Assessment Line 150: \_\_\_\_\_

Income Source (check all that apply):

Employment  E.I.  BC Benefits  Pensions  Other  (Specify) \_\_\_\_\_

#2 Household Member: income from previous year's Revenue Canada Notice of Tax Assessment Line 150: \_\_\_\_\_

Income Source (check all that apply):

Employment  E.I.  BC Benefits  Pensions  Other  (Specify) \_\_\_\_\_

### 4 : Rental References

1. Current Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ How long? \_\_\_\_\_

2. Previous Landlord \_\_\_\_\_ Phone # \_\_\_\_\_ How long? \_\_\_\_\_

Previous Address \_\_\_\_\_

3. Personal Reference \_\_\_\_\_ Phone # \_\_\_\_\_

### 5 : Authorizations, Declarations and Understandings

**AUTHORIZE COLLECTION OF PERSONAL INFORMATION** I/we authorized the Society of Housing Opportunities and Progressive Employment (the Society) to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation, government department, government agency, or a social agency to release to the Society any information pertinent to the assessment of my/our application, Pursuant to the Personal Information Protection Act and the Freedom of Information and Protection of Privacy Act.

**PRIVACY POLICY** The Society's privacy policy is available on a separate form. Due to changes in technology and legal requirements, we may revise this policy from time to time. It is the applicant's responsibility to request a current copy.

**AUTHORIZE SHARING INFORMATION** I/We authorize and consent to the Society exchanging (receiving and giving) information about me/us with credit agencies and my/our previous landlords with whom I/we have had dealings. I/We understand that such information will be a factor in the Society's decision to provide me/us with rental accommodation. I/We authorize the Society to share the information on this application with other Public Housing Bodies, as defined in the Residential Tenancy Act Regulations, in order to increase my/our opportunities for affordable and/or subsidized housing.

**NOT RENTAL AGREEMENT** I/We understand that this application does not constitute an agreement on the part of the Society or BCHMC to provide me/us with rental accommodation.

**ACTIVE APPLICATION** I/We understand that it is my/our responsibility to advise the Society of any changes to the information given in this application and to provide any supporting documents required for my/our application and that it is my/our responsibility to contact the Society every 6 months from the date of this application to maintain an active file. I/We understand that the Society will de-activate this application 6 months after my/our last contact with the Society.

**INCOME DOCUMENTATION** I/WE understand that I/WE will be required to supply complete income documentation to the Society in order to confirm MY/OUR eligibility for the rental housing. The required documentation will include all sources of income, assets and the three (3) most current months of all bank statements.

By signing this form I/We declare that all the information given in this application is true, correct and complete AND I/We acknowledge that I/We have read, understood Section 5 above and agree to the authorizations and consents that I/We have granted in this application.

Signed **X** \_\_\_\_\_ Signed **X** \_\_\_\_\_ Date \_\_\_\_\_

**Important Note: Incomplete applications and applications not signed by all adult applicants will not be activated.**