

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. If none of our housing options apply to your situation, the Society is not able to provide the type of housing you require and cannot activate your application.

Family Unit

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 Unit

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

Modified Unit

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

Women's Short Term Housing Unit

Women must be at least 19 years of age AND be drug and alcohol addiction free for 6 months. No males over 12 years old.

2 : Your Household Composition and Current Housing

#1 Name: _____ / _____ DOB: _____ Gender: _____
(Surname) (Given Name) (Month / Day / Year) (M/F)

Are you a Canadian Citizen? Yes No If No, explain your status in Canada: _____

List all other household members who 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: _____ / _____ / _____
(cell phone) (other phone) (email)

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

How many bedrooms are in your current home? _____

Are you in a lease? Yes No If yes, what date does your lease end? _____
(Month / Day / Year)

Do you have any pets? Yes No If yes, indicate what pets you have. _____

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: - Previous year Revenue Canada Notice of Tax Assessment Line 150.....\$ _____
- Current gross monthly income (prior to taxes and deductions)..... \$ _____

***Income Source (check all that apply, do not attach income documents):**

Employment E.I. BC Benefits Pensions Other (Specify) _____

#2 Household Member: - Previous year Revenue Canada Notice of Tax Assessment Line 150.....\$ _____
- Current gross monthly income (prior to taxes and deductions)..... \$ _____

***Income Source (check all that apply, do not attach income documents):**

Employment E.I. BC Benefits Pensions Other (Specify) _____

4 : Your References

1. Current Landlord _____ Phone # _____ How long? _____

2. Previous Landlord _____ Phone # _____ How long? _____

Previous Address _____

3. *Personal Reference _____ Phone # _____
**(neighbor or non-family member known 2 years or longer)*

5 : Your Authorizations, Declarations and Understandings

SOCIETY OF HOPE In this application "The Society of Hope" or the "Society" refers to and includes: a) The Society of Housing Opportunities and Progressive Employment and b) National Society of Hope.

AUTHORIZE COLLECTION OF PERSONAL INFORMATION I/we authorized 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 social agency to release to the Society any information pertinent to the assessment of my/our application, *Pursuant to the Personal Information Protection 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 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 it is my/our responsibility to advise the Society of any changes to the information given in this 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 the Society will de-activate this application 6 months after my/our last contact with the Society.

INCOME DOCUMENTATION I/we understand that upon request of the Society of Hope I/we will be required to supply complete income documentation to the Society in order to confirm MY/OUR declaration above and MY/OUR eligibility for the rental housing. **DO NOT INCLUDE ANY INCOME DOCUMENTS WITH THIS APPLICATION**, If requested, the required documentation will include all sources of income, assets and the three (3) most current months of all bank statements.

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

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.