



Application Form

LOWER COLUMBIA AFFORDABLE HOUSING SOCIETY

The Lower Columbia Affordable Housing Society is a non profit society established to implement the Affordable Rental Housing Initiative in the Lower Columbia region. Funded by the Columbia Basin Trust and BC Housing (Government of British Columbia), the goal of the initiative is to increase the supply and range of affordable and appropriate rental housing for low and moderate income households.

The Lower Columbia Region includes the municipalities of Fruitvale, Montrose, Rossland, Trail and Warfield, and Electoral Areas A and B of the Regional District of Kootenay Boundary.

Purpose of this Form

Your personal information is collected for the following purposes:

- determine eligibility;
- assess housing need; and
- determine the housing that suit your needs.

This form collects personal information in accordance with section 26(c) of the *Freedom of Information and Protection of Privacy Act*.

Eligibility

The applicant must be at 19 years of age or older; be a resident of the Lower Columbia Region for a minimum of one year; have combined household assets not exceeding \$100,000; and a combined gross (before tax) household income within defined cut off limits.

Other Important Information

The Lower Columbia Affordable Housing Society (LCAHS) reviews applications as units become available. The LCAHS will gather updated information on all household members, including income and assets, and may complete additional checks to assess a household's ability to uphold the obligations of a tenancy agreement. This may include reference checks, personal interviews and/or reviewing information available from public sources such as Court Services Online and police websites. In addition, LCAHS may ask for consent to perform a credit or criminal record check or to obtain information from other sources.

Tell us immediately if you move or you contact information changes. If we cannot contact you, your name may be removed from the waiting list. Applications are kept on file for a minimum of one year.

Pre-qualified applicants will be offered housing units on a first come, first served basis subject to availability of a suitable unit.

All rental units are non-smoking. Applications from households with pre-existing pets will be considered. No new pets are allowed.

The tenant is responsible for utility costs.

For further Information and/or to Submit a Completed Application Form:

Please contact VIOLET BEAUREGARD, Tenant Services Coordinator at (250) 368-7803 or violet.beau@hotmail.com

PLEASE TYPE OR
PRINT CLEARLY

File # _____

Date _____

1. Applicant Information

Last Name	First Name	Initial	Title (please circle)
<input type="text"/>	<input type="text"/>	<input type="text"/>	Mr. Miss Mrs. Ms.
<input type="text"/>	<input type="text"/>	<input type="text"/>	Mr. Miss Mrs. Ms.

2. Contact Information

You must currently reside in the Lower Columbia Region of British Columbia to be eligible for LCAHS Housing.

Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	BC	<input type="text"/>
Mailing address, if different from home address	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Work phone
Cell phone	E-mail
Message number (optional)	Message person name
* Authorized Contact number (optional)	Authorized Contact name and relationship to you.

* By providing an authorized contact, you are giving permission to the LCAHS to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact, please contact the LCAHS.

3. Household Information

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

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

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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

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

If No, please provide the following information for all persons not living with you full time.

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

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.

3e. Optional: Do you or anyone in your household identify as being an Aboriginal person of Canada? Yes No

If Yes, please select the options that best describes your Aboriginal identity.

- First Nations
 Métis
 Inuit
 Other

L *Note: Question 3e is optional. Data is collected for planning and reporting purposes and does not impact eligibility for housing.*

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4. ResidencyHistory

4a. Please provide information on where you have lived for the last five years.

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 the last five years.

Name and 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 Owning? 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. Past tenants with a debt may be required to either repay the debt or enter into a repayment agreement.

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5. Income and Asset Information

5a. Is anyone in the household receiving income assistance from the Ministry of Social Development and Social Innovation?

Yes No

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

Name	Monthly amount	Category
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)
	\$	<input type="checkbox"/> Person with Disabilities (PWD) <input type="checkbox"/> Employable <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB)

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

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 child (age 19 to 24) 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 (describe)	\$	Other Real Estate Holdings	\$

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

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6. Current Accommodation

Answers to the questions below will help the LCAHS to assess your current housing need.

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

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

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"/> Motel/Hotel |
| <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"/> Care facility or treatment centre | <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? _____

L 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.

L The LCAHS may give special consideration to people who are **homeless or fleeing domestic violence or abuse**. If this applies to you, please contact the LCAHS.

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7. Health and Mobility Information

To assist with matching you to housing that best suits your needs, please complete the following questions.

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

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.

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7. Health and Mobility Information continued...

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

If Yes, please complete the information below.

Which agencies are providing home support?

Support Type	Hours per week	Agency	Worker	Phone Number

↳ The LCAHS may give special consideration to people with **disabilities or health conditions**.

8. Housing Preferences/Choices

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

8a. Some units in some buildings have been specially modified for seniors and people with disabilities who need some assistance to live independently. Support services such as a daily meal and weekly housekeeping are available for a reasonable additional cost. Would you be interested in living in a unit that includes support services for an extra cost? Yes No

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 does anyone smoke in your home? Yes No

Are you willing to sign a non-smoking agreement? 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? _____

If you have a dog, is it a seeing eye dog? Yes No

Provide the following information for all household pets (do not include seeing eye dogs).

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:

- The Lower Columbia Affordable Housing Society (LCAHS) to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation or social agency to release to the LCAHS any information pertinent to the assessment of my/our application;
- members of the LCAHS to receive and exchange with credit bureaus and my/our previous landlords credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing;
- Ministry of Social Development and Social Innovation to release information to the LCAHS regarding my/our income.

I/We understand:

- that, in accordance with section 33.2 (a) of the Freedom of Information and Protection of Privacy Act , the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for housing;
- that this application is not an agreement on the part of The LCAHS to provide me/us with housing;
- that if I/we refuse two offers of housing, my/our application will be cancelled;
- that if I/we are being considered for an available unit, LCAHS will gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide or cause to be provided information requested to assist with this assessment;
- that it is my/our responsibility to tell The LCAHS 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)	Date

Application Form Check List

IMPORTANT!

Please review this checklist and make sure that, when this application is sent in, all documents are included.

Missing information will delay the processing of your application.

Submit your completed application with supporting documents to:

Violet Beauregard
Tenant Services
Coordinator
(250) 364-7803
or Lower Columbia
Affordable Housing
Society PO Box 44
Trail, BC V1R 4L3

Identification and proof of status in Canada for all household members.

- Copy of Canadian birth certificate(s) for all family members born in Canada; and
- For family members not born in Canada, copies of citizenship papers or immigration documents. Acceptable proof includes copies of:
 - Record of Landing (IMM1000); or
 - Sponsorship Undertaking: Confirmation of Permanent Residence (IMM5292); or
 - Permanent Resident Card (both sides).

Proof of current address and rent.

- Copy of current rent receipt or recent rent increase notice; or
- Copy of lease or tenancy agreement showing current rent amount.

Proof of income and assets.

- If receiving income assistance from the Ministry of Social Development and Social Innovation (SDSI): copy of cheque stub or confirmation of monthly assistance from your worker at SDSI.
- If employed: proof of **current** gross monthly income (last three consecutive cheque stubs or letter from employer).
- Copies of cheque stubs, bank statements showing direct deposit of pensions, or other confirmation of income for any other income source.
- Copies of bank statements or letter from financial institution stating total value of asset(s).
- Property tax assessments for value of property owned and proof of outstanding mortgage(s) if you own property.

Proof of student status for adult children age 19 to 24 who are full-time students.

Where money is owed for previous rental housing, a copy of any repayment agreement you have with your past landlord.

Copy of Notice to End Tenancy (if you answered Yes to Question 6g). This must be the official form from the Residential Tenancy Branch (RTB). To get a copy of this form call the RTB at 604 660-3456 or download it from www.rto.gov.bc.ca.

IMPORTANT: PLEASE SEND ONLY THE DOCUMENTS REQUESTED.

Do not send original documents. Submitted documents will not be returned.