

NOW CANADA SOCIETY

APPLICATION FOR ACCOMMODATION

Who Qualifies

Social housing is available for seniors (who are 55 years of age or older), families and people with disabilities who can live independently and qualify for a disability pension, or cannot work because of a disability.

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

How to apply

In British Columbia social housing vacancies are limited. Your chances of finding affordable housing are much greater if you apply to individual non-profit societies and co-operatives (housing providers) and BC Housing.

Non-profit societies and co-operative groups play a key role in developing and managing the majority of social housing development in the province. A list of these groups is available at BC Housing offices.

Purpose of this Form

This application form is designed to collect specific information from applicants seeking affordable housing. Housing Providers will use this information to determine your eligibility for housing and the types of accommodation that best suits your needs.

For assistance in completing this form, please contact: _____

A. Applicants: (Person(s) asking for accommodation)

Last name:	First name:	Mr. Mrs.	Miss Ms.	Home Ph:
Last name:	First name:	Mr. Mrs.	Miss Ms.	Work Ph:
Address: suite, number, street, city, BC, postal code (include mailing address if different)				Message Ph:

B. Household Composition (List yourself on line 1, then list all of the other persons in your household who will be living with you. If there are more than 8 people in your household, attach the extra names on a separate sheet)

Full Name (surname first)	Birthdate d/m/y	Age	Sex	Relationship to Applicant	Type of Disability, if any	Wheelchair Requirements
1				Applicant		<input type="checkbox"/> Yes
2						<input type="checkbox"/> Yes
3						<input type="checkbox"/> Yes
4						<input type="checkbox"/> Yes
5						<input type="checkbox"/> Yes
6						<input type="checkbox"/> Yes
7						<input type="checkbox"/> Yes
8						<input type="checkbox"/> Yes

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

Check if yes. Please explain:.....
.....

C. Residency History: (Please list your address(es) for the past 2 years. Use a separate sheet if required)

Address	From Date	To Date	Name of Landlord	Landlord Ph. Num.
Above Address		Present		

Have you previously lived in subsidized accommodation? Check if yes. ____

If yes, what was the name and /or address of the development? _____

What were the dates of your residency? From _____ To _____

D. Preferred Locations: (Please indicate where you would like to live. You may choose cities or towns and/or list the names For specific developments. List additional developments choice on an attached sheet.)

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.

E. Income Information: (List Gross Monthly Income [before deductions] for all members of your household, from all sources)

First Name	Source (i.e. employment, EI, pensions(s), GAIN, etc.)	Gross Monthly Income (\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Gross Monthly Income for Household		

F. Assets: (Please list current value of all assets held by you and members of your household.)

Cash/ Bank Balance	\$	Stocks/Bonds/ Terms Deposits	\$	Value of Real Estate Owned	\$

Other: (e.g. RRSP, Annuities, Mortgage held by household members) List below.

	\$		\$
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G. Current Accommodation: (Please describe your current accommodation as completely as possible by checking and/or completing the information below.)

Please state:
 Your current monthly rent: \$ _____
 Does your rent include Heat? Yes No Your average monthly payment for heat, if any: \$ _____

Is your current accommodation a:
 1. Apartment 2. House/Duplex/Townhouse 3. Housekeeping Room
 4. Basement Suite 5. Room & Board 6. Trailer 7. Living with Family/Friends
 8. Hotel/Motel 9. Other (please explain) _____

Please state the number of bedrooms your household presently occupies: _____

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
 Laundry Private Shared None
 Outdoor play area Yes No

Do you have any household pets? Yes (it is important that you list all pets.)
 Dog Type/Breed (please indicate): _____
 Other (please indicate) _____ Are you willing to give up your pet? (if any) Yes No

H. Reason for Move:

Are you under notice to end your present tenancy? (check, if yes) <input type="checkbox"/> ? If yes, a copy of the legal Notice to End a Residential Tenancy from your landlord must be attached.
If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information)

I. Completion of Application Checklist:

Before sending in your 'Application for Accommodation', have you:?

- Completed your Application in full? ?
- Indicated your desired housing locations?
- Enclosed a copy of "Notice to End a Residential Tenancy", if applicable?
- Signed Application in space below?

DECLARATION: Please read and sign this statement.

I/We understand that this application does not constitute any agreement on the part of Housing Providers to provide me/us with rental accommodation. I/We declare that the information given in this application is correct and complete. I/We understand that it is my/our responsibility to advise the Housing Providers of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give the Housing Providers my/our consent to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation or social agency to release to the Housing Providers any information pertinent to the assessment of my/our application.

I/We authorize consent to Housing Providers receiving and exchanging, with credit bureaus and my/our previous landlords with whom I/we have had dealings, credit and other information about me/us. I/We understand that such information will be a factor in the Housing Provider's decision to provide me/us with rental accommodation.

I/We understand that the information on this application may be shared with other social Housing Providers in order to increase my/our opportunities for subsidized housing.

Signature of Applicant:	Date
Signature of Applicant:	Date

**NOW CANADA SOCIETY
FOLLOW CARE and HEALTHY LIVING PROGRAMS
CONSENT FOR SERVICES**

Now Canada has offered a variety of supports to the tenants of NOW Place Apartments including TMP, monthly food vouchers, Christmas gifts, referrals, one-on-one support, budgeting, financial aid, etc. All of these supports fall under our Follow Care or Healthy Living Programs.

In order to continue receiving these supports, all tenants are now required to meet the following eligibility requirements:

- **Must be drug and alcohol free.**
- **Must undergo random drug screening. Tenants will have to complete a drug screen within five days of being notified to do so. For tenants who work full-time (Mon-Fri) and are unable to come to the NOW office, a NOW Canada Staff person will go to the apartments to conduct the test.**
- **Must sign Consent for Services form.**

I understand that by signing this Consent for Services, I am agreeing to the terms as set above.

Date: _____

Tenant: _____

Unit#: _____

New Opportunities for Women
(NOW) Canada Society

WAIT LIST ARRANGEMENTS

- It is the applicants' responsibility to call every 3mths to inform the Society if they are still interested in Affordable Housing and wish to remain on the wait list.
- If there are any changes in their circumstances.
- If we do not hear from you your application will be removed from the wait list and it be assumed you are no longer interested in low income housing.

Signature

Date