

now canada society

Application for
Affordable Housing

NOW Place Apartments
Tutt Street Place

Please return to:
now canada society
2970 Tutt Street
Kelowna, BC.
V1Y 8Z5
Telephone: (250) 763-3876
Fax: (250) 868-3876
E-mail: info@nowcanada.ca

Mission Statement:

NOW Canada inspires change by providing a client-centered continuum of care for women, youth and their children, who are vulnerable, exploited or homeless.

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Applicant Criteria

- Drug and Alcohol free building
- Applicants must have 10 months clean time
- Applicants must have 8 months clean time prior to applying
- No Pets
- No men (including male relatives) allowed over night
- Proven financial need.

If you are in recovery what is your clean date? _____

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)	Birth date 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. 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		

E 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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F. 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? <input type="checkbox"/> Yes No Your average monthly payment for heat, if any: \$_____	
Is your current accommodation a:	
<input type="checkbox"/> 1. Apartment <input type="checkbox"/> 2. House/Duplex/Townhouse <input type="checkbox"/> 3. Housekeeping Room <input type="checkbox"/> 4. Basement Suite <input type="checkbox"/> 5. Room & Board <input type="checkbox"/> 6. Trailer <input type="checkbox"/> 7. Living with Family/Friends <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> 9. Other (please explain)_____	
Please state the number of bedrooms your household presently occupies: _____	
Do you:	
<input type="checkbox"/> 1. Rent <input type="checkbox"/> 2. Own <input type="checkbox"/> 3. Share Expenses <input type="checkbox"/> 4. Have Free Accommodation <input type="checkbox"/> 5. Live in a Co-op	
Does your present accommodation have a:	
Bathroom	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Kitchen	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Laundry	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Outdoor play area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any household pets? <input type="checkbox"/> Yes (it is important that you list all pets.)	
<input type="checkbox"/> Dog	Type/Breed (please indicate):_____ Other (please indicate)_____
Are you willing to give up your pet? (if any) <input type="checkbox"/> Yes <input type="checkbox"/> No	

G. Reason for Move:

Are you under notice to end your present tenancy? (check, if yes) 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)

H. 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



**FOLLOW CARE and HEALTHY LIVING PROGRAMS
CONSENT FOR SERVICES**

Now Canada has offered a variety of supports to the tenants of NOW Canada 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 provide BC Carecard # _____
- 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#: _____

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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