

APPENDIX A: APPLICATION FOR SOCIAL HOUSING

OFFICE USE ONLY:			
Received by:	_____	Application Approved:	YES / NO
Date Received:	_____	Date Application Expires:	_____

NOTICE TO APPLICANTS:

1. By completing and signing this Application for Social Housing, you are providing Kitselas with permission to gather information on you, including your income and assets, and to complete additional checks to assess your capacity to fulfill the Tenant's obligations under the terms of an Appendix B(1): Tenancy Agreement. This may include: reference checks, personal interviews or a review of information available from public sources. Applicants who are offered and accept a Rental Unit will be required to sign an Appendix B(1): Tenancy Agreement with Kitselas.

2. You **MUST** attach a covering letter to this application.

PRIMARY APPLICANT'S INFORMATION:

** The primary applicant will be the contact person for this Application.*

Last Name: _____	First Name: _____
Street Address: _____	City: _____
Province: _____	Postal Code: _____
Home Phone: _____	Work Phone: _____
Cell Phone: _____	Email: _____
Band Membership #: _____	Date of Application: _____

CONTACT INFORMATION FOR 3 REFERENCES

(AT LEAST 1 MUST BE THE APPLICANT'S MOST RECENT LANDLORD; ALL MUST BE PERSONS THE APPLICANT HAS EITHER LIVED WITH OR WORKED FOR)

Name	Email and Telephone	Relationship to Applicant
	Email: _____ Ph: _____	
	Email: _____ Ph: _____	
	Email: _____ Ph: _____	

HOUSEHOLD INFORMATION

List yourself, then all other persons whom you propose to occupy the Rental Unit:

Last Name	First Name	Relationship to Applicant	Kitselas Member (Yes / No) and Membership #	Age

Do all of the people listed live with you full time right now? Yes [] No []

If No, please provide the following information for each person who does not live with you full time:

Name	# Days Per Week Person Lives With You

Do you expect the number of people living with you to change in the next 12 months? (Ex- Due to pregnancy, family joining, family leaving, child in your care, etc)

Yes [] No []

If yes, please explain and provided details regarding the expected date of the change in household size:

Please provide information on where each proposed adult occupant has lived for the last twelve months (attach additional paper if necessary):

Rental Address	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Landlord's Name	Landlord's Ph. Number	Reason for Leaving

If you owe money due to a past tenancy, complete the following:

How much is owing? \$ _____

Is there a written repayment agreement? Yes [] No []

If yes, please attach a copy of the repayment agreement.

Reason for debt: _____

INCOME INFORMATION

Are any proposed occupants receiving income assistance from the Ministry of Social Development and Social Innovation, or from Kitselas?

Yes [] No []

If yes, please complete the table below for each person receiving assistance:

Name	Income Assistance Provider	Person W/ Disabilities?	Employable?	Person W/ Persistent Multiple Barriers	Monthly Shelter Allowance Amount
TOTAL MONTHLY HOUSEHOLD INCOME FROM PERSONS RECEIVING SOCIAL ASSISTANCE					

Please list gross monthly income (before deductions) for all sources of income for proposed occupants age 19 and older who are not receiving social assistance:

Name	Income Source (Employment, EI, Pension, etc)	Gross Monthly Income
TOTAL GROSS MONTHLY HOUSHOLD INCOME		

For any adult (age 19 or older) with no income, please tell us why there is no income:

CURRENT ACCOMMODATION

Do you Rent Own Other: _____

What is your current rent payment? \$ _____ per month per week

How many bedrooms does your current household have? _____

Please Describe your current living arrangement:

- House / Town House Apartment / Suite Motel / Hotel
 Trailer Transition House Emergency Shelter
 Care facility / Treatment Centre

Have your received a legal Notice to End Tenancy? Yes No

If yes, when must you vacate your current rental unit: _____

If yes, why were you provided the Notice to End Tenancy?

*Please attach copy of Notice to End Tenancy

EXTENUATING CIRCUMSTANCES

Do any of the following circumstances apply to you:

- you are currently homeless, or at imminent risk of homelessness;
- your total household income is less than \$40,000 / year;
- you are living in an overcrowded home, which is defined as a home that has less than:
 - one bedroom for each adult or couple,
 - one bedroom for each child 16 years of age or older,
 - one bedroom for every 2 children of the same sex up to 14 years of age, or
 - one bedroom for every 2 children of opposite sex up to 8 years of age;
- a member of your household has a serious health problem or disability that is negatively affected by the current accommodations;
- you or a member in your household is a victim of violence in the home and the person subjecting that person to violence is not a proposed occupant for the Rental Unit; or
- you are a youth leaving foster care at age 19.

* If you have checked off any extenuating circumstances, please explain below and provide any documentary evidence that supports your claim of extenuating circumstances:

PETS

Do you or any proposed occupants have any pets? Yes No

If yes, how many pets do you have in total? _____

Provide the following information for all household pets (except seeing eye dogs):

Type (Dog/Cat/Etc)	How Many?	Willing to Give Up?	Breeds
Dog(s)			
Cat(s)			

SIGNATURES OF ALL PROPOSED OCCUPANTS OVER 19 YEARS OF AGE:

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:

- Kitselas to make any inquiries that are necessary to verify the information given in this application;
- any person, corporation or social agency to release to Kitselas any information pertinent to the assessment of my/our application;
- Kitselas 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;
- The Ministry of Social Development and Social Innovation, and the Kitselas Social Development Program, to release information to the Kitselas Housing Department regarding my/our income.

I/We understand:

- that this application is not an agreement on the part of Kitselas to provide me/us with housing;
- that if I/we refuse an offer of housing, Kitselas may cancel my/our application;
- that it is my/our responsibility to tell the Kitselas Housing Department 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.

Each proposed occupant who is 19 years or older must sign below:

Print Name	Signature	Date