



## Purpose of this Form

The purpose of the application form is to collect specific information from applicants (the person filling out the form) seeking housing in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act.

The Housing Registry will use this information to:

- determine eligibility for subsidized housing;
- assess housing need; and
- determine the housing developments that suit an applicant's needs.

## What is a Supplemental Application Form?

Some housing providers that use The Housing Registry will give additional consideration to applicants who are:

- homeless;
- fleeing domestic violence or abuse; or
- have a serious health condition that is affected by current housing.

## Eligibility

More information on who is eligible to apply for housing and reasons why an application cannot be accepted can be found in the "How to Apply Brochure" or online at [www.bchousing.org](http://www.bchousing.org). If you did not receive the brochure with this application, call The Housing Registry to ask for a copy.

## Where do you want to live?

When filling out this form you will need the Housing Listings. These listings give information on the buildings that can be applied to using this form.

If copies of the Housing Listings were not included with this form, or if you want listings for different areas, contact The Housing Registry or download the listings from [www.bchousing.org](http://www.bchousing.org).

Please note that if you refuse **two** offers of housing, your application will be **cancelled**. Please be careful when telling us where you want to live and be sure that you are ready to live in any of the buildings or areas you select.

## Other Important Information

Applicants may be contacted for more information, which may involve completing a Supplemental Application Form and/or providing supporting documents.

A Supplemental Application Form must be completed by someone who can verify the applicant's situation. For more information or to obtain this form, call us or visit our website at [www.bchousing.org](http://www.bchousing.org).



**OFFICE USE ONLY**

PLEASE TYPE OR  
PRINT CLEARLY

File # \_\_\_\_\_ Date \_\_\_\_\_

**1. Applicant Information**

Last Name	First Name	Title (please circle one)
		Mr. Miss Mrs. Ms.
		Mr. Miss Mrs. Ms.

**2. Contact Information**

Street Address	City	Province	Postal Code
Home			
Mailing address, if different from home address			

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 Housing Registry to exchange information with that authorized contact in order to maintain and update your file. To remove an authorized contact, please contact The Housing Registry.

**3. Household Information**

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

Last Name	First Name	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 name of the person(s) and number of days per week they live with you.

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.

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3e. 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

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## 4. Residency History

### 4a. Please provide information on your last three landlords.

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 their **last three landlords.**

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 Owing? 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
<b>If Yes,</b> 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.**

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## 5. Income and Asset Information

5a. Is anyone in the household receiving income assistance from the Ministry of Social Development (MSD)?

Yes  No

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

First 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.


First 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.

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 If any adult (age 19 or older) 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	\$	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

6a. Do you:  Rent  Own  Share expenses  Other \_\_\_\_\_

6b. How much is your rent payment? \$ \_\_\_\_\_ Is this:  Nightly  Weekly  Monthly  
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"/> Hotel/Motel       |
| <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"/> Treatment centre or care facility | <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? \_\_\_\_\_


 **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.

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 **The Housing Registry may give special consideration to people who are homeless or fleeing domestic violence or abuse. If this applies to you, you may wish to have a Supplemental Application Form completed by a third-party verifier. To get the Supplemental Application, please call 604 433-2218, toll-free outside the Lower Mainland at 1-800 257-7756 or download from [www.bchousing.org](http://www.bchousing.org).**

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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.  
**If you do not have a health condition or disability go to Section 8.**

### 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: \_\_\_\_\_

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### 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

How does the health condition or disability described above affect your ability to function in your current housing?

Please explain: \_\_\_\_\_

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### 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, number of hours a week? \_\_\_\_\_

Who are the agencies providing home support?

Agency Name	Worker	Phone Number

 The Housing Registry may give special consideration to people with **disabilities or health conditions**. If this applies to you, you may wish to **have a Supplemental Application Form completed by a third-party verifier**. To get the Supplemental Application, please call 604 433-2218, toll-free outside the Lower Mainland at 1-800 257-7756 or download from [www.bchousing.org](http://www.bchousing.org).

## 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](http://www.chf.bc.ca)

8e. Do you or anyone in your household smoke in your home?  Yes  No

If 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:

continued on next page....



## 8. Housing Preferences/Choices continued...

### 8h. Tell us where you would like to live.

There are more people applying for housing than vacant units. Therefore, the time to find housing can be very long. To increase the chances of being offered a place to live, you might want to select a number of buildings or areas.

However, please note that if you refuse **two** offers of housing, your application will be **cancelled**. For that reason, you must be sure that you are prepared to live in any of the buildings or areas you list.

**Option #1: Buildings** From the Housing Listings, please record the "Housing Registry Code" for each of the buildings you are interested in. (e.g.: 102, ABD)


_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Option #2: Cities or Towns** I am willing to live in any building in the following cities or towns (e.g. Burnaby, Kelowna).

_____	_____	_____	_____
_____	_____	_____	_____

**Option #3: Neighbourhoods** From the Housing Listings, please record the neighbourhoods you are willing to accept housing in (e.g. Vancouver – West End, North Burnaby, Victoria – James Bay, North Saanich, Kelowna-East).

_____	_____	_____	_____
_____	_____	_____	_____

 ***A maximum of two offers of housing will be made. If two offers are refused, your file will be cancelled. Please make sure you are willing to live anywhere listed above.***

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:

- pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), The Housing Registry to make any inquiries that are necessary to verify the information given in this application;
- pursuant to the FOI Act, any person, corporation or social agency to release to The Housing Registry any information pertinent to the assessment of my/our application;
- members of The Housing Registry to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision-making process to provide me/us with housing;
- Canada Revenue Agency (CRA) to provide verification of my/our income and details from taxation information;
- the Canada Pension Plan (CPP) releasing information regarding my/our income and medical information from my/our application for a CPP disability pension;
- Ministry of Social Development (MSD) releasing information to The Housing Registry regarding my/our income and information from my/our Person with Persistent Multiple Barriers or Person With Disabilities application.

## I/We understand:

- that, in accordance with section 33.2 (a) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-geared-to-income housing;
- that this application is not an agreement on the part of The Housing Registry or its members to provide me/us with housing;
- that it is my/our responsibility to tell The Housing Registry 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)	Social Insurance Number	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:

The Housing Registry  
101 - 4555 Kingsway  
Burnaby, B.C. V5H 4V8  
Fax: 604 439-4729

### 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 (MSD): copy of cheque stub or confirmation of monthly assistance from your worker at MSD.
- 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 adults age 19 or older 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](http://www.rto.gov.bc.ca).

**Optional: Supplemental Application Form** only needs to be completed if you wish to receive extra consideration for:

- homelessness;
- health condition affected by current housing; or
- fleeing abuse or violence.

The Supplemental Application Form is available online at [www.bchousing.org](http://www.bchousing.org), or call The Housing Registry to have a copy sent by mail.