



DAAJING GIIDS HERITAGE HOUSING SOCIETY

306 2nd Ave, Box 84, Daajing Giids, BC V0T 1S0

Tel: 778-260-4630 Email: seniors@qcislands.net

APPLICATION FOR ACCOMMODATION

Who is Eligible:

Permanent residents of Canada, residing in British Columbia who are not under sponsorship. Preference is given to residents of Haida Gwaii. Affordable housing is available for families, seniors and people with disabilities who can live independently and qualify for a disability pension, or who cannot work because of a disability.

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

Purpose of this Form:

This application form is designed to collect specific information from applicants seeking affordable housing in accordance with section 26 (c) of the Freedom of Information and Protection of Privacy Act (the FOI Act). Queen Charlotte Heritage Housing Society will use this information to determine your eligibility for housing and the types of accommodation that best suit your needs.

Important Information:

The QCHHS 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, QCHHS may ask for consent to perform a credit or criminal record check or to obtain information from other private sources. Applicants may be asked to provide supporting documents.

Please update your application if any of your information changes. You should try to update your application at least once every six months.

Please provide day and evening phone numbers, or the phone number of a contact person so that housing providers can contact you if a unit becomes available.

Applicants who are offered and accept a unit must sign a tenancy agreement and may be required to sign tenancy agreement addendums that cover topics such as pets, parking, laundry, smoking, crime free housing, etc.

PLEASE TYPE OR
PRINT CLEARLY

OFFICE USE ONLY

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 British Columbia to be eligible for The Housing Registry.

Street Address	City	Province	Postal Code
Home	<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 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 & Initial	Relationship (to Applicant)	Birth Date (dd/mm/yyyy)	Age	Sex	Born in Canada?
1.		Self				
2.						
3.						
4.						
5.						
6.						
7.						

continued on next page...

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? Yes No
(e.g., pregnancy, family joining, family leaving, child in care)

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

↳ Note: Question 3e is optional. Data is collected for planning and reporting purposes and does not impact eligibility for housing. However, housing providers with an Aboriginal focus may give priority to applicants who have identified as being an Aboriginal person of Canada.

continued on next page...

4. Residency History

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.

continued on next page...

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.

continued on next page....

6. Current Accommodation

Answers to the questions below will help The Housing Registry 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? _____

 **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.

 **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 contact The Housing Registry at the numbers below or download from www.bchousing.org.**

continued on next page...

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

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.

continued on next page....

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 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 contact The Housing Registry at the numbers below or download from 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

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:

continued on next page...

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 Housing Registry 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 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 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 Housing Registry 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 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 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, housing providers 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 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)	Date