



#1-2220 2nd St South
CRANBROOK, BC V1C 1E1
Phone: (250) 417-3774 Fax: (250) 417-3778

APPLICATION FOR AFFORDABLE HOUSING

For office use only

Application Accepted _____

Application Rejected _____

Date to be reviewed _____

Date declined _____

DATE _____

APPLICANT'S NAME _____

MADIEN NAME: _____

DATE OF BIRTH _____

NATIVE ANCESTRY? YES NO Metis Card Status Card Inuit Other _____

SPOUSE'S NAME _____

MADIEN NAME: _____

DATE OF BIRTH: _____

NATIVE ANCESTRY? YES NO Metis Card Status Card Other _____

PHONE NUMBER HOME _____ EMAIL: _____

PHONE NUMBER WORK _____ Note: A contact number must be provided

CHILDREN (include all children who would be living with you.) # OF CHILDREN: _____

NAME	DATE OF BIRTH	SEX	NATIVE ANCESTRY
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N

APPLICANT INCOME

ARE YOU EMPLOYED? _____ Employer/Number: _____

IF YES HOW MUCH IS YOUR **GROSS MONTHLY INCOME**? _____

ARE YOU RECEIVING **EMPLOYMENT INSURANCE**? _____

IF YES, HOW MUCH IS YOUR **GROSS WEEKLY RATE**? _____

ARE YOU RECEIVING ANY **SOCIAL ASSISTANCE**? _____

IF YES, HOW MUCH ARE YOU ELIGIBLE FOR **SHELTER ALLOWANCE**? _____

SUPPORT ALLOWANCE? _____

ARE YOU RECEIVING **CHILD SUPPORT**? ___ YES ___ NO How much each month _____

IF YES, DO YOU HAVE A COURT ORDER OF CUSTODY? ___ YES ___ NO agreement

ARE YOU IN A **YOUTH AGREEMENT** WITH MINISTRY ___ YES ___ NO

IF YES, WHAT IS YOUR MONTHLY CONTRIBUTION? _____

ARE YOU RECEIVING A **STUDENT LIVING ALLOWANCE**? _____

ARE YOU RECEIVING A **STUDENT LOAN**? _____

ARE YOU RECEIVING ANY **OTHER MONEY**? _____

IF YES, PLEASE LIST THE SOURCE AND AMOUNT. _____

PERSONAL DATA

BANK: _____ DRIVERS LICENCE _____

FAMILY DOCTOR _____ PHONE _____

DO YOU OWN A VEHICLE? YES _____ NO _____

IF YES WHAT TYPE AND PLATE NUMBER _____

EMERGENCY CONTACT NUMBER (RELATIVE) _____

REFERENCE NAME AND NUMBER: _____

REFERENCE NAME AND NUMBER: _____

SOCIAL WORKER: NAME/NUMBER _____

SPOUSE INCOME

ARE YOU EMPLOYED? _____ Employer/Number: _____

IF YES HOW MUCH IS YOUR **GROSS MONTHLY INCOME**? _____

ARE YOU RECEIVING **EMPLOYMENT INSURANCE**? _____

IF YES, HOW MUCH IS YOUR **GROSS WEEKLY RATE**? _____

ARE YOU RECEIVING ANY **SOCIAL ASSISTANCE**? _____

IF YES, HOW MUCH ARE YOU ELIGIBLE FOR **SHELTER ALLOWANCE**? _____

SUPPORT ALLOWANCE? _____

ARE YOU RECEIVING **CHILD SUPPORT**? _____

IF YES, **HOW MUCH** DO YOU RECEIVE EACH MONTH? _____

IF YES, DO YOU HAVE A COURT ORDER OF CUSTODY? ___ YES ___ NO AGREEMENT

ARE YOU IN A **YOUTH AGREEMENT** WITH MINISTRY ___ YES ___ NO

IF YES, WHAT IS YOUR **MONTHLY CONTRIBUTION**? \$ _____

ARE YOU RECEIVING A **STUDENT LIVING ALLOWANCE**? _____

ARE YOU RECEIVING A **STUDENT LOAN**? _____

ARE YOU RECEIVING ANY **OTHER MONEY**? _____

IF YES, PLEASE **LIST THE SOURCE AND AMOUNT**. _____

PERSONAL DATA

BANK: _____ DRIVERS LICENCE _____

FAMILY DOCTOR _____ PHONE _____

DO YOU OWN A VEHICLE? YES _____ NO _____

IF YES WHAT TYPE AND PLATE NUMBER _____

EMERGENCY CONTACT NUMBER (RELATIVE) _____

PERSONAL REFERENCE NAME/NUMBER _____

REFERENCE NAME AND NUMBER _____

SOCIAL WORKER: NAME/NUMBER _____

PRESENT ACCOMMODATION

PRESENT ADDRESS: _____

DO YOU LIVE IN A: TOWNHOUSE _____
APARTMENT _____
HOUSE _____
BASEMENT SUITE _____
OTHER(specify) _____

HOW LONG HAVE YOU LIVED THERE _____

OF BEDROOMS _____

MONTHLY RENT _____ UTILITY COST _____

LANDLORD'S NAME _____

LANDLORD'S PHONE NUMBER _____

CONDITION OF PRESENT ACCOMMODATION: GOOD _____
FAIR _____
POOR _____

*Do you have a pet(s) _____ if yes what kind: _____
how many: _____

HAVE YOU BEEN EVICTED FROM YOUR HOUSING? ___ YES ___ NO (REASON FOR LEAVING)

IF THERE IS MONEY OWING FOR PAST TENANCY—HOW MUCH? _____

DETAILS ON RENTAL: _____

HAVE YOU RENTED SUBSIDIZED HOUSING BEFORE? ___ YES ___ NO

IF YES WHERE/WHEN _____ /REASON FOR LEAVING? _____

PREVIOUS ACCOMMODATION

ADDRESS: _____

LANDLORD'S NAME: _____

LANDLORD'S PHONE #: _____

HOW LONG DID YOU LIVE THERE? _____

I/WE THE UNDERSIGNED, ACKNOWLEDGE AND UNDERSTAND THAT UPON SIGNING THIS APPLICATION WE GIVE THE AQANTTANAM HOUSING SOCIETY PERMISSION TO **CONTACT ANY** AND ALL OF THE ABOVE MENTIONED SOURCES OF LANDLORDS OR AGENCIES TO OBTAIN **INFORMATION ABOUT OUR PAST AND PRESENT TENANCY**. I/WE UNDERSTAND THAT IT IS **OUR RESPONSIBILITY TO PROVIDE THE NECESSARY INCOME VERIFICATION** AND THAT THIS APPLICATION WILL NOT BE PROCESSED UNTIL THE HOUSING OFFICER HAS RECEIVED REFERENCES. I/WE UNDERSTAND ACCEPTABLE INCOME VERIFICATION AND HAS CONTACTED TWO PAST LANDLORDS TO OBTAIN THAT THIS APPLICATION IS NOT AN AGREEMENT WITH THE AQANTTANAM HOUSING SOCIETY TO PROVIDE ME/US WITH RENTAL ACCOMMODATIONS. **I/WE CERTIFY THAT ALL INFORMATION ON THIS APPLICATION FORM IS TRUE.**

SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

OTHER OCCUPANT
SIGNATURE _____ DATE _____

