

HUNTER HEIGHTS

607 – 12TH STREET
NEW WESTMINSTER, BC
V3M 4J3



APPLICATION FOR TENANCY

PART ONE

3. Household Information Continued

3b. For each person not born in Canada, please provide the information below:

Name	Date Moved to Canada (d/m/y)	Current Status in Canada	<u>Sponsored Immigrants Only</u>	
			Name of Sponsor	Date Sponsorship Agreement Started

3c. Do all 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	# of days per week	Shared Custody		If not shared custody, why are they living with you full-time?
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

3d. Do you expect the number of people living with you to change in the next twelve 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.

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 Nation
 Métis
 Inuit
 Other

4. Residence History

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

Rental Address (street, city)	From (d/m/y)	To (d/m/y)	Landlord Name	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 (d/m/y)	To (d/m/y)	Landlord Name	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 & Address of Development	Reason for Leaving	Money Owing?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If there is money owing due to a past tenancy, please complete the following:

How much is owing? \$_____ Is there a written repayment schedule in place? Yes No

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

Reason for debt owing: _____

Note: Failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application.

5. Income and Asset Information

5a. Is anyone in the household receiving income assistance from the Ministry of Employment and Income Assistance (MEIA)? Yes No

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

First Name	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 reductions) 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.
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 your 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.

6. Current Accommodation

6a. Do you: Rent Own Share Expense Other

6b. How much is your rent payment \$_____is this: Nightly Weekly Monthly

6c. How many bedrooms does your household have? _____

6d. Please describe your current living arrangements

- House/Townhouse Apartment/Basement suite Hotel/Motel
- Second-stage housing Manufactured home/Trailer (in park with services) Transition House
- Housekeeping/Room and board Living with family or friends Emergency Shelter
- Treatment centre or care facility 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.

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: _____

7d. Other than the 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 effect your ability to function in your current housing situation?

Please explain _____

7e. Please describe any special requirements or features that you may need in your housing related to your mobility or health condition. _____

7f. Do you currently receive home support? Yes No

If yes, how many hours per week? _____

Which agencies are providing home support?

Agency Name	Worker	Phone Number

8. Housing Preferences/Choices

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

8b. Do you have any pets? Yes No

If yes, how many pets in total? _____

Please provide the following information for all household pets

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	

9. References

Please provide at least two references from previous landlords below:

Landlord Name	Address	Contact Number(s)
1.		Business:
		Home:
		Cell:
2.		Business:
		Home:
		Cell:
3.		Business:
		Home:
		Cell:

Please provide at least two unbiased references below:

Name	Address	Contact Number(s)
1.		Business:
		Home:
		Cell:
2.		Business:
		Home:
		Cell:
3.		Business:
		Home:
		Cell:

Please provide a personal reference for emergency contact:

Name	Address	Contact Number(s)
		Business:
		Home:
		Cell:

PLEASE READ AND SIGN THE STATEMENT BELOW

I/We declare:

- This is my/our application
- 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), Fraserside Community Services Society 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 Fraserside Community Services Society any information pertinent to the assessment of my/our application;
- Staff members of Fraserside Community Services Society 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 Employment and Income Assistance (MEIA) releasing information to Fraserside Community Services Society regarding my/our income and information from my/our Person with Persistent Multiple Barriers or Persons with Disabilities application;
- Fraserside Community Services Society staff to contact all references provided in this application;

I/We understand:

- That in accordance with section 33© 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 eared to income housing;
- That this application is not an agreement on the part of Fraserside Community Services Society or its staff members to provide me/us with housing;
- That it is my/our responsibility to inform Fraserside Community Services Society of any/all changes to the information given in this application and to provide any supporting materials required;
- That false information given to 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

Name	Signature	Date (d/m/y)

HUNTER HEIGHTS

607 – 12TH STREET
NEW WESTMINSTER, BC
V3M 4J3



APPLICATION FOR TENANCY
PART TWO SUPPLEMENTAL

**SUPPLEMENTAL APPLICATION FORM
PLEASE PRINT CLEARLY**

Date: _____

Purpose of this Form

The purpose of the Supplemental Application Form is to collect specific information from a third party who can verify an applicant's current housing situation or health condition (in accordance with sections 26 of the *Freedom of Information and Protection of Privacy Act*).

Hunter Heights will use this information to:

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

Instructions to Applicant:

Who should use this form?

The Supplemental Application form is optional; however, using this form may give you additional consideration if you are:

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

Applicants who meet these criteria may wish to have this Supplemental Application Form completed by someone who can verify their situation. The person who fills out this form is called a "third party verifier".

Step 1

Applicant completes and signs Part One. This provides authorization for the third party verifier to complete the form and submit it to Hunter Heights.

Step 2

Forward this form to the person you have chosen to verify your current living circumstances.

If you wish to have more than one person provide information, you must have each person complete a separate form.

Applicant Information

Have you already submitted an Application Form to Hunter Heights? Yes No

If yes, what is your file # _____

If not, please make sure that a completed Application Form is submitted with this supplemental Application form. If an Application Form is not received, this form cannot be processed.

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

Street Address	City	Province	Postal Code
Home			
Mailing address, if different from above			
Home Phone	Work Phone	Cell	Other
Message Phone	Email	Cell	Other
Contact Person (optional)	Phone	Cell	Other

I, _____, am seeking special consideration of my
(Name)

application for housing by Hunter Heights because I, or a member of my household,:

(please check all that apply)

- Is homeless (see Section A and B)
- Is fleeing domestic violence or abuse (see Section A and C)
- Has a serious health condition and/or disability that is affected by our current housing (see Section A and D)

I consent to the person named below (my third party verifier) providing personal information to Hunter Heights in support of my request for special consideration due to circumstances indicated above.

Applicant signature: _____ Date: _____

Third party verifier name: _____

Organization: _____

Please forward the entire Supplemental Application Form to the person listed above for completion. **Do not separate this page from the rest of the form.**

TO BE COMPLETED BY THIRD PARTY VERIFIER

Date: _____

Third Party Verifier Information:

The applicant named in Part One has applied to Hunter Heights. Hunter Heights offers housing in which tenants must be able to live and maintain a successful tenancy.

The applicant is seeking special consideration for housing based on their current circumstances. The purpose of this form is to collect pertinent information from a person who can verify the applicant's circumstances.

Who can be a third party verifier?

A third party verifier must be familiar with the applicant's current housing circumstances and cannot be the applicant's private market landlord or a relative of the applicant.

Below is a partial list of accepted third party verifiers.

Homeless	Fleeing violence or abuse	Health conditions
Shelter or Outreach Worker Health Care Professional Police Officer	Transition House Worker Police Officer MCFD Worker	Health Care Professional Case Manager Social Worker

Hunter Heights does not reimburse third party verifiers for completing this form.

Instructions to Third Party Verifier

Step 1

Complete part 2 Section A – General Information.

Step 2

Complete the appropriate sections in Part 2 as requested by the applicant on Page 3

- Section B – if applicant is homeless and/or
- Section C - if applicant is fleeing domestic violence or abuse and/or
- Section D – if applicant has a disability or serious health condition that is affected by their current housing.

Step 3

Complete and sign Section E.

Step 4

Return completed form to applicant, or submit to:

Jackie Rumble
 Fraserside Community Services Society
 2nd Fl 519 Seventh Street
 New Westminster BC
 V3M 6A7

Section A: General Information

Please complete all questions in this section.

A1. Applicant's name: _____

A2. Describe the applicant's current living situation: _____

A3. How long has the applicant been living in this situation? _____

A4. Is the applicant living in a staffed or second-stage facility (for example, a health-care setting, half-way house, transition house, second-stage housing, or emergency shelter)? Yes No

If yes, what is the name of the facility? _____

A5. Is there any length of stay deadline in their current living situation? Yes No

If yes, what is the deadline? _____

Why do they have to move? _____

Why can they not return to their former residence? _____

A6. In your opinion, can the applicant independently fulfill their tenancy obligations including:

- Paying Rent
- Caring for their unit (maintaining reasonable health, cleanliness and sanitary standards);
- Maintaining appropriate relations with neighbours. Yes No Yes, with supports

Please explain and describe supports needed, if applicable: _____

A7. In your opinion, can the applicant independently maintain their personal health and well-being in a self contained living unit?

- Yes No Yes, with supports

Please describe any supports that you are aware of that the applicant is currently receiving:

How often do they receive the supports (#of hours per day/week etc.)? _____

Please provide the name of the organization providing support services: _____

Are there any barriers to the applicant receiving support services in their current housing?

- Yes No

If yes, what are the barriers? _____

Please describe any supports the applicant is not currently receiving, but in your opinion, could benefit from obtaining: _____

Next Steps

Fill out **Section B** if applicant is homeless and/or * **Section C** if applicant is fleeing domestic violence or abuse and/or * **Section D** if applicant has a disability or serious health condition that is affected by their current housing.

Then proceed to Section E and complete the Third Party Verifier's Statement

Section B: Not Required

Section C: Domestic Violence or Abuse

If applicant is requesting consideration because of fleeing domestic violence or abuse, please complete the following questions. Otherwise proceed to **Section D: Health Condition and/or Disability**.

C1. Who is experiencing the domestic violence/abuse? _____

Who is the abuser (name) _____

What is their relationship? _____

C2. If the abuse pertains to children, have the appropriate authorities been contacted regarding the reporting of child abuse? Yes No

C3. What steps has the applicant taken to permanently leave the abuser? For example, number of times leaving the abuser, number of reports to police, protection order; restraining order, custody order, etc. (please attach documentation if any): _____

C4. Is the applicant still residing with the abuser? Yes No

If yes, what is the reason? _____

If no, how long have they lived apart? _____

Next Steps

Fill out **Section D** if applicant also has a disability or serious health condition that is affected by their current housing. Then * proceed to **Section E** and complete the **Third Party Verifier's statement**.

Section D: Health Condition and/or Disability

If the applicant is requesting consideration because of a serious health condition and/or disability, please complete the following questions. Otherwise proceed to **Section E: Third Party Verifier's Statement**.

D1. Briefly describe (add more names on a separate sheet of paper if required):

Who is the household member?	What is the disability or health condition?	How long is it expected to continue?

D2. How does the health condition or disability described above affect their ability to function in their current housing? _____

D3. Does the applicant receive medical treatment? Yes No

(e.g.) kidney dialysis, HIV/AIDS treatment, Children's Hospital

At what location is the treatment provided? _____

How frequently do they need to access the treatment (daily/weekly)? _____

Can the applicant appropriately access the treatment from their current location? Yes No

If no why not? _____

D4. Are there any other factors with regard to the applicant's health or disability that should be taken into consideration? _____

D5. Please describe any special requirements or features that the applicant may need in their housing: _____

Next Steps

Proceed to Section E and complete the Third Party Verifiers Statement.

Section E: Third Party Verifier’s Statement

Third Party Verifier’s Statement

Please complete and sign the following statement

I am not a relative or landlord of (applicant’s name) _____ and I have known him/her in my capacity as a _____ for _____ days/months/years.

I declare that to the best of my knowledge, the information I have provided on this form is accurate and complete.

I will assist by providing further information to Fraserside Community Services (FCSS) as required or requested so that the applicant’s request for special consideration for housing can be reviewed.

I understand that in accordance with Section 33 © of the FOI Act, the information provided may be shared with various housing provider members in order to increase the applicant’s opportunities for rent geared to income housing.

Name (please print)	Position	Agency

Address	Telephone Number

Email	Date		
	DD	MM	YYYY

Signature _____

Next Steps

Please ensure all questions in Part Two, Section A have been completed and that you have completed Section B, C or D as applicable. Please be sure to sign your statement.

Return this form to the applicant or send directly to Fraserside Community Services Society C/O Jackie Rumble, 2nd floor 519 Seventh Street, New Westminster BC V3M 6A7.

Fax: 604-522-4031