



Kiwaniis North Shore Housing Society Housing Application Form

Lynn Woods - Market Rent Unit Application for a One Bedroom Suite

First Name _____ Last Name _____ Date of Birth: day/month/year _____

First Name _____ Last Name _____ Date of Birth: day/month/year _____

Present address:

Apartment # _____ Street/Avenue: _____

Town/City: _____ Province: _____ Postal Code: _____

Tel # Home: _____ Cell: _____ Email: _____

Current monthly rent: _____ Current monthly Utilities: _____

Residency:

Resident of BC _____ Resident of North Shore _____
(# of years/month) (# of years/month)

Current Landlord's name: _____

Current Landlord's address: _____

Tel # Home: _____ Cell: _____ Email: _____

How long have you lived at this address? Since _____
Date

Is your landlord related to you? Yes/No _____

If yes, provide details: _____

Previous Landlord's name: _____

Previous Landlord's address _____

Telephone: _____ Cell _____

How long did you live at this address? _____
Date to Date

Reason for leaving: _____

Additional Information:

Is parking required? Yes ___ No ___ (no parking for Trucks, Trailers, or large SUV's available)

Do you or your spouse smoke? Yes ___ No ___

Does any member of your household have a disability requiring special housing adaptations? Please describe (e.g., use of wheelchair or other mobility aids): _____

Note: To establish housing eligibility, full disclosure of the following financial information is required. Please enclose with your application, copies of last **3 month' bank statements for all accounts** and copies of the last recent **two Notices of Assessments issued by Canada Revenue Agency (CRA)** for each household member.

Annual Household Income:

The following financial information is mandatory. This application will not be processed but deemed ineligible if not fully and honestly disclosed.

| Self | \$ | Co-applicant | |
|-----------------------------|-----------|-----------------------------|-----------|
| Old Age Security/GIS | \$ | Old Age Security/GIS | \$ |
| Shelter Aid (SAFER) | \$ | Shelter Aid (SAFER) | \$ |
| Canada Pension Plan (CPP) | \$ | Canada Pension Plan (CPP) | \$ |
| Other pension income | \$ | Other pension income | \$ |
| Investment income | \$ | Investment income | \$ |
| Employment income | \$ | Employment income | \$ |
| Other assistance | \$ | Other assistance | \$ |
| Total Monthly Income | \$ | Total Monthly Income | \$ |

Assets:

List the current value of all financial assets held by the Applicant and Co-Applicant. **DO NOT** include assets such as vehicles, boats, antiques, household furnishings, etc.

| | | | |
|--------------------------------------------------------------|-----------|--------------------------------------------------|----|
| Chequing Balance | \$ | Real Estate (Assessed Value less Mortgage owing) | \$ |
| Savings Balance | \$ | Term Deposit Receipts | \$ |
| Stocks, Bonds, Mutual Funds, GIC, etc. | \$ | Other Assets (Specify) | \$ |
| Total Value of Assets (Exclude RRSP/RIF/Annuities) | \$ | | |

Declaration:

1. Pursuant to the Personal Information Protection Act (PIPA), I hereby authorize the Kiwanis North Shore Housing Society, or its agent, to verify or confirm the above information with any source (whether or not named in this application) in any way necessary.
2. I/we further hereby authorize my current/previous Landlord(s) and/or Building Manager(s) to give Kiwanis North Shore Housing Society, or its agents, information regarding my residential history for my application for rental housing.
3. I/we declare that all statements in this application form are true to the best of my knowledge, and that no information required has been concealed or omitted.
4. I/we agree to notify the Society or its agent immediately if there are any significant changes in my income or any changes to my contact information.
5. I/we agree to forward "proof of annual income" on an ongoing basis (typically annually) when requested by the Landlord. I/we acknowledge that I/we need to meet the housing eligibility criteria set out by Kiwanis throughout the length of my/our tenancy.

Applicant Signature

Date

Co-Applicant Signature

Date

Application will NOT be processed unless ALL sections in this form are completed IN FULL.