



APPLICATION FOR ACCOMMODATION

Chilliwack Kiwanis Housing Society
#35 - 7760 Luckakuck Place
Chilliwack BC V2R 3C8

ACCEPT _____

DATE

MR Applicant SURNAME (please print) then First Name(s) MRS MISS MS	MR Name 2 MRS MISS MS	# of Bedroom Unit you're applying for (check all that are applicable)
		2 3 4

Home Address (Apt No. / Street Address) Email Address

City	Province	Postal Code	Phone Number
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HOUSEHOLD COMPOSITION. List yourself on line A, then list all the other persons in your household who will be living with you. If more than 8 people, then attach extra names on a separate sheet.

Full Name(s) - Surname first	Birth Date			Age	Sex	Relationship to Applicant
A	Day	Month	Year			APPLICANT
B						
C						
D						
E						
F						
G						
H						

Do you expect the size of your household to change in the next 12 months? YES NO

If yes, please explain:

DISABILITIES/HEALTH PROBLEMS. List, on the lines below, any member of your household with a significant disability/health problem which BCHMC needs to be aware of.

Name	Wheelchair	Type of Disability/Health Problem
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

INCOME INFORMATION. List Gross Monthly Income (i.e. before deductions) for all members of your household, from all sources. Proof of Income must be attached.

Name	Source (e.g. employment, UIC, Pension(s), GAIN, etc.)	Monthly Income
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Monthly Income for Household		\$

ASSETS. Please list current value of all assets held by you and members of your household. Verification of assets should be attached.

Cash/Bank Balance	\$	Other (e.g. RRSP, Annuities, Mortgage held by you, etc) List below.	\$
Stocks/Bonds/Term Deposits	\$	(2)	\$
Real Estate Owned	\$	(3)	\$

RESIDENCY HISTORY. Please list your address(es) for the past 2 years.

Address	From Date	To Date	Name of Landlord	Landlord Phone

PRESENT ACCOMMODATION. Please describe your present accommodations as completely as possible by checking/completing the information below:

Is your present accommodation	<input type="checkbox"/> 1. Apartment <input type="checkbox"/> 2. House/Duplex/ <input type="checkbox"/> 3. Housekeeping Room <input type="checkbox"/> 4. Basement Suite <input type="checkbox"/> 5. Room & Board <input type="checkbox"/> 6. Trailer <input type="checkbox"/> 7. Living with Family <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> . Other (Please explain) _____		
	No. of bedrooms your household presently occupies _____	Your current monthly rent \$	Your average monthly payment for utilities(if any) \$
Please state	<input type="checkbox"/> 1. Rent <input type="checkbox"/> 2. Own <input type="checkbox"/> 3. Share <input type="checkbox"/> 4. Have Free Expenses Accommodation <input type="checkbox"/> 5. Live in a Co-Op		
Do you	Bathroom: <input type="checkbox"/> Shared <input type="checkbox"/> Private Kitchen: <input type="checkbox"/> Shared <input type="checkbox"/> Private Laundry: <input type="checkbox"/> Shared <input type="checkbox"/> Private <input type="checkbox"/> None Outdoor play facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your rent include	Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Pets are allowed on Kiwanis' complex. Please contact management to arrange the necessary documentation.

REASON FOR MOVE.

Are you under notice to end your present tenancy? (Check, if yes) Yes

If yes, a copy of the legal Notice to End a Residential Tenancy from your landlord must be attached.

If you are not under notice, why do you wish to move? (Please be specific. Attach sheet for additional information.)

RENT SUPPLEMENT PROGRAM. The Federal and Provincial Governments provide financial assistance to eligible tenants of BCHMC units to limit their tenant rent contribution to 30% of gross household income.

DECLARATION. Please read and sign this statement.

I/We understand that this application does not constitute any agreement on the part of the Chilliwack Kiwanis Housing Society or BC Housing to provide me/us with rental accommodation. I/We declare that the information given in this application is correct, and complete. I/We understand that it is my/our responsibility to advise the Chilliwack Kiwanis Housing Society and BC Housing of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give the Chilliwack Kiwanis Housing Society and/or BC Housing my/our consent to make any inquiries that are necessary to verify the information given in this application and I/We authorize any person, corporation or social agency to release to Chilliwack Kiwanis Housing Society and/or BC Housing any information pertinent to the assessment of my/our application.

Signed:

Date:

Signed:

Date:

When completed, please send or email to:

Housing
 100 - 46187 Yale Rd
 Chilliwack, BC V2P 0M2

Phone: 604-858-9198 Email: chwk.kiwanis.housing@shaw.ca

This application for accommodation will be held on file for a period of one year. At that time, the application will be destroyed. In order to stay in the system, you must update the application annually.