

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 Townhouse <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 or Friends <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> . Other (Please explain) _____			
Please state	No. of bedrooms your household presently occupies _____	Your current monthly rent \$ _____	Your average monthly payment for utilities(if any) \$ _____	
Do you	<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			
Does your present accommodation have	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) <input type="checkbox"/> 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:** office@ckhs.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.