



Application for Accommodation

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

OFFICE USE ONLY

Accepted: _____

Date: _____

Please complete all sections. Required documents (proof of income, asset verification, etc.) must be attached.

1. APPLICANT INFORMATION

Applicant 1

Mr. Mrs. Miss Ms.

Surname, First Name(s)

Applicant 2

Mr. Mrs. Miss Ms.

Surname, First Name(s)

Home Address (Apt No. / Street)

Email Address

City

Province

Postal Code

Phone Number

Bedroom Unit Applying For

(check all that apply)

2 Bedroom

3 Bedroom

4 Bedroom

2. HOUSEHOLD COMPOSITION

List yourself first, then all others who will live with you

Full Name (Surname first)	Birth Date D/M/Y	Age	Sex	Relationship to Applicant

Do you expect your household size to change in the next 12 months?

Yes

No

If yes, please explain:

3. DISABILITIES / HEALTH CONSIDERATIONS

List any household member with a significant disability or health condition

Name	Wheelchair (Y/N)	Type of Disability / Health Problem

4. INCOME INFORMATION

Gross monthly income (before deductions). Attach proof of income.

Name	Source (Employment, EI, Pension, GAIN, etc.)	Monthly Income

TOTAL MONTHLY HOUSEHOLD INCOME

\$ _____

5. ASSETS Current value of all assets. Attach verification.

Cash / Bank Balance \$ _____	Other (RRSP, Annuities, etc.) \$ _____
Stocks / Bonds / Term Deposits \$ _____	Other (2) \$ _____
Real Estate Owned \$ _____	Other (3) \$ _____

6. RESIDENCY HISTORY Past 2 years

Address	From	To	Landlord Name	Phone

7. PRESENT ACCOMMODATION

Type of Accommodation

<input type="checkbox"/> Apartment	<input type="checkbox"/> House / Duplex / Townhouse	<input type="checkbox"/> Housekeeping Room
<input type="checkbox"/> Basement Suite	<input type="checkbox"/> Room & Board	<input type="checkbox"/> Trailer
<input type="checkbox"/> Living with Family / Friends	<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Other: _____

Do you: Rent Own Share Expenses Live Free Co-Op

Number of Bedrooms Occupied _____	Monthly Rent (\$) _____	Monthly Utilities (\$) _____
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Facilities	Rent Includes
Bathroom: <input type="checkbox"/> Shared <input type="checkbox"/> Private	Heat: <input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen: <input type="checkbox"/> Shared <input type="checkbox"/> Private	Electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No
Laundry: <input type="checkbox"/> Shared <input type="checkbox"/> Private <input type="checkbox"/> None	Outdoor Play: <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Pets are allowed at the Kiwanis complex. Please contact management to arrange the required documentation.

8. REASON FOR MOVE

I am under notice to end my present tenancy. (If checked, attach a copy of the legal Notice to End Tenancy.)
 If not under notice, why do you wish to move? (Be specific; attach a separate sheet if needed.)

Rent Supplement Program: Government assistance is available to eligible BCHMC tenants, limiting rent to 30% of gross household income.

9. DECLARATION & SIGNATURES

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 rental accommodation. I/We declare that the information given is correct and complete, and accept responsibility for advising the Society and BC Housing of any changes, and for providing any supporting materials required. Pursuant to the Freedom of Information and Protection of Privacy Act, I/We consent to inquiries necessary to verify this information and authorize any person, corporation, or social agency to release relevant information to the Society and/or BC Housing.

Signature — Applicant 1 _____ Date _____ Signature — Applicant 2 _____ Date _____

Submit to: 100 – 46187 Yale Rd · 7760 Luckakuck Place · or office@ckhs.ca
This application is held on file for one year. To remain active, contact us annually to stay on the to stay on the waitlist