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)

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

TOTAL MONTHLY HOUSEHOLD INCOME $ _____

5. ASSETS

Current value of all assets.

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

- ☐ Apartment
- ☐ House / Duplex / Townhouse
- ☐ Housekeeping Room
- ☐ Basement Suite
- ☐ Room & Board
- ☐ Trailer
- ☐ Living with Family / Friends
- ☐ Hotel / Motel
- ☐ Other: _____

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

_____ Number of Bedrooms Occupied

_____ Monthly Rent ($)

_____ Monthly Utilities ($)

Facilities

Bathroom:	☐ Shared	☐ Private	
Kitchen:	☐ Shared	☐ Private	
Laundry:	☐ Shared	☐ Private	☐ None

Rent Includes

Heat:	☐ Yes	☐ No
Electricity:	☐ Yes	☐ No
Outdoor Play:	☐ Yes	☐ No

Note: Pets are allowed at the Kiwanis complex. A pet deposit and pet agreement will be required upon consideration of a unit.

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