



520A Hurry Ave NW
 Mailing-#100 – 520B Hurry Ave NW
 CRANBROOK, BC V1C 1E1

Phone: (250) 417-3774 Fax: (250) 417-3778

APPLICATION FOR AFFORDABLE HOUSING

For office use only	
Application Received _____	Application Withdrawn _____
Move in date _____	Move in address _____

APPLICANT'S NAME _____

MAIDEN NAME: _____

DATE OF BIRTH _____

INDIGENOUS ANCESTRY? YES NO Metis Card Status Card Inuit Other _____

SPOUSE'S NAME _____

MAIDEN NAME: _____

DATE OF BIRTH: _____

INDIGENOUS ANCESTRY? YES NO Metis Card Status Card Other _____

PHONE NUMBER HOME _____ EMAIL: _____

(PLEASE NOTE - We will always require your most recent contact information just in case we need to contact you at moment's notice. Often when we have openings, we try to fill them within days. Please know that we will withdraw applications if we try to contact you 3 times but are unsuccessful)

CHILDREN (include all children who would be living with you.) # OF CHILDREN: _____

NAME	DATE OF BIRTH	SEX	NATIVE ANCESTRY
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N
_____	_____	M/F	Y/N

Please provide as much information as possible and fill out the questions completely. A lack of information will result in a longer processing time.

APPLICANT INCOME

ARE YOU EMPLOYED? _____ Employer: _____

IF YES HOW MUCH IS YOUR **GROSS MONTHLY INCOME**? _____ (before taxes)

ARE YOU RECEIVING **EMPLOYMENT INSURANCE**? _____

IF YES, HOW MUCH IS YOUR **GROSS WEEKLY RATE**? _____

ARE YOU RECEIVING ANY **SOCIAL ASSISTANCE**? _____ PWD or Pension(OAS, CPP)

IF YES, HOW MUCH ARE YOU ELIGIBLE FOR **SHELTER ALLOWANCE**? _____

SUPPORT ALLOWANCE? _____

ARE YOU RECEIVING **CHILD SUPPORT**? YES NO How much each month _____

IF YES, DO YOU HAVE A COURT ORDER OF CUSTODY? YES NO agreement

ARE YOU IN A **YOUTH AGREEMENT** WITH MINISTRY YES NO

IF YES, WHAT IS YOUR MONTHLY CONTRIBUTION? _____

ARE YOU RECEIVING A **STUDENT LIVING ALLOWANCE**? _____

ARE YOU RECEIVING A **STUDENT LOAN**? _____

ARE YOU RECEIVING ANY **OTHER MONEY**? _____

IF YES, PLEASE LIST THE SOURCE AND AMOUNT. _____

PERSONAL DATA

BANK: _____

DRIVERS LICENCE _____

FAMILY DOCTOR _____

PHONE _____

DO YOU OWN A VEHICLE?

YES _____ NO _____

IF YES WHAT TYPE AND PLATE NUMBER _____

EMERGENCY CONTACT NUMBER (RELATIVE) _____

REFERENCE NAME AND NUMBER: _____

REFERENCE NAME AND NUMBER: _____

SOCIAL WORKER: NAME/NUMBER _____

SPOUSE INCOME

ARE YOU EMPLOYED? _____ Employer: _____

IF YES HOW MUCH IS YOUR **GROSS MONTHLY INCOME**? _____ (before taxes)

ARE YOU RECEIVING **EMPLOYMENT INSURANCE**? _____

IF YES, HOW MUCH IS YOUR **GROSS WEEKLY RATE**? _____

ARE YOU RECEIVING ANY **SOCIAL ASSISTANCE**? _____ PWD or Pension(OAS, CPP)

IF YES, HOW MUCH ARE YOU ELIGIBLE FOR **SHELTER ALLOWANCE**? _____

SUPPORT ALLOWANCE? _____

ARE YOU RECEIVING **CHILD SUPPORT**? _____

IF YES, **HOW MUCH** DO YOU RECEIVE EACH MONTH? _____

IF YES, DO YOU HAVE A COURT ORDER OF CUSTODY? YES NO AGREEMENT

ARE YOU IN A **YOUTH AGREEMENT** WITH MINISTRY YES NO

IF YES, WHAT IS YOUR **MONTHLY CONTRIBUTION**? \$ _____

ARE YOU RECEIVING A **STUDENT LIVING ALLOWANCE**? _____

ARE YOU RECEIVING A **STUDENT LOAN**? _____

ARE YOU RECEIVING ANY **OTHER MONEY**? _____

IF YES, PLEASE **LIST THE SOURCE AND AMOUNT**. _____

PERSONAL DATA

BANK: _____ DRIVERS LICENCE _____

FAMILY DOCTOR _____ PHONE _____

DO YOU OWN A VEHICLE? YES _____ NO _____

IF YES WHAT TYPE AND PLATE NUMBER _____

EMERGENCY CONTACT NUMBER (RELATIVE) _____

PERSONAL REFERENCE NAME/NUMBER _____

REFERENCE NAME AND NUMBER _____

SOCIAL WORKER: NAME/NUMBER _____

Help Programs used/accessed _____

PRESENT ACCOMMODATION

PRESENT ADDRESS: _____

DO YOU LIVE IN A: TOWNHOUSE _____
APARTMENT _____
HOUSE _____
BASEMENT SUITE _____
OTHER(specify) _____

HOW LONG HAVE YOU LIVED THERE _____

OF BEDROOMS _____

MONTHLY RENT _____ UTILITY COST _____

LANDLORD'S NAME _____

LANDLORD'S PHONE NUMBER _____

CONDITION OF PRESENT ACCOMMODATION: GOOD _____
FAIR _____
POOR _____

DO YOU HAVE ANY PETS? _____
WHAT KIND AND HOW MANY? _____

HAVE YOU BEEN EVICTED FROM YOUR HOUSING? ___ YES ___ NO (REASON FOR LEAVING)

IF THERE IS MONEY OWING FOR PAST TENANCY—HOW MUCH? _____

DETAILS ON RENTAL- WHY ARE YOU LEAVING OR WHY HAVE YOU BEEN
EVICTED: _____

HAVE YOU RENTED IN OUR SUBSIDIZED HOUSING BEFORE? ___ YES ___ NO

IF YES WHERE/WHEN _____ REASON FOR LEAVING?

PREVIOUS ACCOMMODATION

ADDRESS: _____

LANDLORD'S NAME: _____

LANDLORD'S PHONE #: _____

HOW LONG DID YOU LIVE THERE? _____

REASON FOR LEAVING: _____

PERSONAL INFORMATION

DO YOU OR ANY OF YOUR FAMILY MEMBERS HAVE A MEDICAL CONDITION OR MOBILITY CHALLENGES? (PLEASE DESCRIBE – NOTE THAT IT IS IMPORTANT FOR US TO KNOW IF THERE IS ANY LIMITATIONS TO YOUR HOUSING NEEDS):

ARE YOU A VICTIM OF VIOLENCE? _____

PLEASE LIST ALL OF THE FAMILY MEMBERS THAT WILL BE LIVING WITH YOU AND THEIR RELATIONSHIP TO YOU (NOT INCLUDING YOUR SPOUSE OR CHILDREN AS THEY ARE PREVIOUSLY LISTED) PLEASE INCLUDE FIRST AND LAST NAMES AS WELL AS DATE OF BIRTH:

IMPORTANT

PLEASE INCLUDE ADDITIONAL INFORMATION ON YOUR SITUATION TO HELP US BETTER UNDERSTAND YOUR NEED; IF YOUR HOUSING NEED IS URGENT PLEASE EXPLAIN WHY:

