PURPOSE OF THIS FORM:

This form collects personal information in accordance with section 26(c) and 33.2(a) of the Freedom of Information and Protection of Privacy Act. GVS will use this form to determine your eligibility for housing at Chown Place, based on:

* Your income
* Family composition/age
* Housing needs
* Funder policies

Your details will be kept for a year. After a year, please resubmit a housing inquiry from to keep your application active.

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DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFO:

Preferred way of being addressed (nickname, pronouns, formal name, given name):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS CURRENTLY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU REGISTERED WITH BC HOUSING? Yes No

\*Note: We will work with you to determine your rent and eligibility under the BC Housing guidelines, depending on your income.

YOUR HOUSEHOLD: 1 adult 2 adults # of children living at home (at least 3 nights a week)

PREFERRED UNIT TYPE(s):

 Junior One-bedroom (one person)

 Couple One bedroom

 Two-bedroom

 Three-bedroom

The following information helps us assess your eligibility:

SENIORS: Are you 65 years of age or older?

 Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_

FAMILIES: Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth of children: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINANCIAL: Occupancy is restricted to households in need as determined by income and assets.

Income: What is your estimated GROSS monthly or annual household income?

$\_\_\_\_\_\_\_\_\_\_\_\_\_ (CIRCLE one: Monthly, Annual)

Assets: Under BC Housing guidelines, your assets must be less than $100,000 and include the following:

* Stocks, bonds, term deposits, mutual funds and cash.
* Real estate equity, net of debt.
* Business equity in a private incorporated company including cash, GICs, bonds, stocks or real estate equity.

Are your net assets below $100,000?

 Yes No

NOTICE TO END TENANCY: Have you ever received an **eviction** **notice**?

 Yes No

INDEPENDENT LIVING

Are you able to care for your daily needs without skilled nursing or assistance?

 Yes No If no, please explain:

|  |
| --- |
|  |

Are there any issues that you struggle with in caring for your daily needs?

This information helps us assess your housing requirements:

Do you have any **special** **requirements** or features that you may need in your housing related to mobility or health conditions (ex: access for scooter/wheelchair inside/outside, stairs, walk-in showers, etc.)

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|  |

Do you require parking? Yes No

\*Please note: Parking is *limited* and an extra cost of $50.00 per month. Parking spots are not guaranteed

This information helps us assess your current housing need.

Do you: Rent Own Share  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay more than 30% of your gross income on rent?

 Yes No

If yes, how much do you currently pay for rent? $ \_\_\_\_\_\_\_\_\_

How long have you been in your current address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay for heat and water separately? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received a legal Notice to End Your Tenancy at your current place of residence?  Yes No

If yes, what date do you have to move by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, please tell us why and when you want to move from your current residence:

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| --- |
|  |

Other

What is the earliest date that you are looking to rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does community mean to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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