



APPLICATION FOR HOUSING

PLEASE INDICATE WHICH BUILDING YOU ARE APPLYING FOR:

- TERRA NOVA HOUSING (SUBSIDIZED HOUSING)
- MOUNTAINVIEW (LOW-INCOME HOUSING)
- KSAN RESIDENCE & SHELTER, TRANSITIONAL APARTMENTS (TRANSITIONAL UNITS)
- TURNING POINTS HOUSING CONNECTIONS (AFFORDABLE HOUSING)
- STONE RIDGE ESTATES (AFFORDABLE HOUSING)

PURPOSE OF THIS FORM:

KSAN SOCIETY ASSESSES EACH APPLICANT'S NEED FOR HOUSING BASED ON CRITERIA INCLUDING INCOME, LIVING CONDITIONS, AND PERSONAL AND FAMILY REQUIREMENTS AS COMPARED TO OTHER CANDIDATES. THIS ENSURES THAT THE PRIORITY IS GIVEN TO APPLICANTS WITH THE GREATEST NEED FOR HOUSING.

IMPORTANT INFORMATION:

- **FILLING OUT THIS APPLICATION DOES NOT GUARANTEE ACCESS TO HOUSING.**
- IF YOU QUALIFY, YOU WILL BE PLACED ON OUR WAITING LIST UNTIL SUITABLE HOUSING IS AVAILABLE.
- IF ANY INFORMATION IS MISSING, YOUR APPLICATION WILL NOT BE PROCESSED UNTIL IT IS RECEIVED.
- IF YOU DO NOT QUALIFY, A REASON MAY NOT BE GIVEN FOR WHICH YOU DO NOT QUALIFY.
- PLEASE ENSURE ALL INFORMATION IS FILLED OUT CLEARLY AND CORRECTLY.
- PLEASE UPDATE YOUR APPLICATION REGULARLY.
- YOU MAY BE ASKED TO SHOW TWO PIECES OF ID, FOR PROOF IDENTITY.

HOUSING REQUIREMENTS:

- YOU MUST HAVE ALL UTILITIES IN YOUR NAME AND CONNECTED AT ALL TIMES.
- THERE IS A NO PET POLICY AT ALL OF OUR BUILDINGS
- ALL KSAN BUILDINGS ARE SMOKE-FREE.
- ALL KSAN BUILDINGS ARE CRIME & DRUG-FREE.

PLEASE EMAIL FORM TO:

ATTENTION: HOUSING MANAGER

HOUSING@KSANSOCIETY.CA OR

DROP OFF AT KSAN SOCIETY ADMINISTRATION AT 4444 LAKELSE AVENUE



PLEASE PRINT CLEARLY

A. APPLICANTS:

PERSON(S) REQUESTING ACCOMMODATION

LAST NAME	FIRST NAME	GENDER	HOME PHONE
EMAIL ADDRESS:	BIRTH DATE		
LAST NAME	FIRST NAME	GENDER	WORK PHONE
EMAIL ADDRESS:	BIRTH DATE		
ADDRESS: SUITE, HOUSE NUMBER, STREET, CITY, PROVINCE, POSTAL CODE (INCLUDE A MAILING ADDRESS IF DIFFERENT)			MESSAGE PHONE

B. HOUSEHOLD COMPOSITION:

LIST YOURSELF ON LINE 1, AND THEN LIST ALL OTHER PERSONS IN YOUR HOUSEHOLD WHO WILL BE LIVING WITH YOU. IF THERE ARE MORE THAN 8 PEOPLE IN YOUR HOUSEHOLD, ATTACH THE EXTRA NAMES ON A SEPARATE SHEET.

FULL NAME (LAST NAME FIRST)	BIRTH DATE DD/MM/YY	AGE	SEX	RELATIONSHIP TO APPLICANT	TYPE OF DISABILITY (IF ANY)	WHEELCHAIR REQUIREMENT
1				APPLICANT		<input type="checkbox"/> YES
2						<input type="checkbox"/> YES
3						<input type="checkbox"/> YES
4						<input type="checkbox"/> YES
5						<input type="checkbox"/> YES

DO YOU EXPECT THE NUMBER OF PEOPLE IN YOUR FAMILY TO CHANGE IN THE NEXT 12 MONTHS? (PREGNANCY, FAMILY JOINING, FAMILY LEAVING) IF YES, PLEASE EXPLAIN:

DO YOU OWN A PET? YES NO

IF YES, SPECIES AND BREED: _____

C. RESIDENCY HISTORY:

HOW MANY YEARS HAVE YOU LIVED IN CANADA? _____ (YEARS)

ARE YOU CURRENTLY UNDER SPONSORSHIP? YES NO

IF YES, SPONSORED BY: _____

PLEASE LIST YOUR ADDRESS(ES) FOR THE PAST TWO (2) YEARS. (USE A SEPARATE SHEET IF REQUIRED)

ADDRESS	FROM DATE	TO DATE	NAME OF LANDLORD	LANDLORD PHONE No.
ABOVE ADDRESS		PRESENT		

HAVE YOU PREVIOUSLY LIVED IN SUBSIDIZED ACCOMMODATION? YES NO



IF YES, WHAT WAS THE NAME AND/OR ADDRESS OF THE DEVELOPMENT?

WHAT WERE THE DATES OF YOUR RESIDENCY? FROM _____ TO _____

WHAT WAS THE REASON FOR LEAVING:

D. REFERENCES:

TWO (2) CHARACTER REFERENCES (CANNOT BE FAMILY MEMBERS)

NAME	RELATIONSHIP	PHONE NUMBER	ALT. PHONE NUMBER

E. INCOME INFORMATION:

LIST GROSS MONTHLY INCOME (BEFORE DEDUCTIONS) FOR ALL MEMBERS OF YOUR HOUSEHOLD, AGE 19 AND OLDER, FROM ALL SOURCES.

FIRST NAME	SOURCE (I.E. EMPLOYMENT, EI, PENSIONS, INCOME ASSISTANCE, ETC.)	GROSS MONTHLY INCOME (\$)
1		
2		
3		
4		
TOTAL GROSS MONTHLY INCOME FOR HOUSEHOLD		\$

F. ASSETS:

SKIP SECTION F AND GO DIRECTLY TO SECTION G IF APPLYING FOR STONE RIDGE ESTATES

PLEASE LIST THE CURRENT VALUE OF ALL ASSETS HELD BY YOU AND MEMBERS OF YOUR HOUSEHOLD.

CASH/ BANK BALANCE	\$	STOCKS/BOND S/ TERM DEPOSITS	\$	VALUE OF REAL ESTATE OWNED	\$

OTHER ASSETS: (E.G. RRSPs, ANNUITIES, MORTGAGES HELD BY HOUSEHOLD MEMBERS)

	\$		\$
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G. CURRENT ACCOMMODATION:

PLEASE DESCRIBE YOUR CURRENT ACCOMMODATION AS COMPLETELY AS POSSIBLE BY CHECKING AND/OR COMPLETING THE INFORMATION BELOW.

PLEASE STATE:

YOUR CURRENT MONTHLY RENT: \$ _____ DOES YOUR RENT INCLUDE HEAT? YES NO

DESCRIBE YOUR CURRENT 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"/> HOTEL/MOTEL | <input type="checkbox"/> LIVING WITH FAMILY/FRIENDS | <input type="checkbox"/> OTHER _____ |

HOW MANY BEDROOMS DO YOU HAVE NOW? _____

IF ROOM & BOARD, WITH WHO? _____



DO YOU:

RENT OWN SHARE EXPENSES HAVE FREE ACCOMMODATION LIVE IN A CO-OP

DOES YOUR CURRENT ACCOMMODATION HAVE A:

BATHROOM: PRIVATE SHARED NONE

KITCHEN: PRIVATE SHARED NONE

OUTDOOR PLAY AREA: PRIVATE SHARED NONE

ARE YOU UNDER NOTICE TO END YOUR PRESENT TENANCY: YES NO

IF YES, PLEASE ATTACH A COPY OF THE LEGAL NOTICE TO END RESIDENTIAL TENANCY FROM YOUR LANDLORD.

IF YOU ARE NOT UNDER NOTICE, WHY DO YOU WISH TO MOVE? (PLEASE BE SPECIFIC, ATTACH SHEET FOR ADDITIONAL INFORMATION.)

H. APPLICATION CHECKLIST:

BEFORE RETURNING YOUR APPLICATION FOR ACCOMMODATION HAVE YOU:

- COMPLETED YOUR APPLICATION IN FULL? THE AREAS THAT ARE SHADED IN GREY ARE VERY IMPORTANT IF THEY ARE NOT FILLED OUT I WILL NOT PROCESS YOUR APPLICATION
- ENCLOSED A COPY OF THE 'NOTICE TO END A RESIDENTIAL TENANCY,' IF APPLICABLE?
- SIGNED AND DATED THE APPLICATION IN THE SHADED SPACE BELOW?
- DECLARATION: PLEASE READ AND SIGN THIS STATEMENT.

I/WE DECLARE:

- THIS IS MY APPLICATION; AND
- ALL THE INFORMATION IN IT IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I/WE AUTHORIZE:

- PURSUANT TO THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (THE FOI ACT), KSAN SOCIETY TO MAKE ANY INQUIRIES THAT ARE NECESSARY TO VERIFY THE INFORMATION GIVEN IN THIS APPLICATION; AND
- PURSUANT TO THE FOI ACT, ANY PERSON, CORPORATION OR SOCIAL AGENCY TO RELEASE TO KSAN SOCIETY ANY INFORMATION PERTINENT TO THE ASSESSMENT OF MY/OUR APPLICATION; AND KSAN SOCIETY TO RECEIVE AND EXCHANGE WITH CREDIT BUREAUS AND MY/OUR PREVIOUS LANDLORDS CREDIT AND OTHER INFORMATION ABOUT ME/US, TO BE USED IN THE DECISION-MAKING PROCESS TO PROVIDE ME/US WITH RENTAL ACCOMMODATION.

I/WE UNDERSTAND:

- THAT, IN ACCORDANCE WITH SECTION 33 (C) OF THE FOI ACT, THE INFORMATION ON THIS APPLICATION MAY BE SHARED WITH OTHER AFFORDABLE HOUSING PROVIDERS IN ORDER TO INCREASE MY/OUR OPPORTUNITIES FOR RENT-GEARED-TO-INCOME HOUSING; AND
- THAT THIS APPLICATION DOES NOT CONSTITUTE ANY AGREEMENT ON THE PART OF KSAN SOCIETY TO PROVIDE ME/US WITH RENTAL ACCOMMODATION; AND
- THAT IT IS MY/OUR RESPONSIBILITY TO ADVISE KSAN SOCIETY OF ANY CHANGES TO THE INFORMATION GIVEN IN THIS APPLICATION AND TO PROVIDE ANY SUPPORTING MATERIALS REQUIRED FOR MY/OUR APPLICATION.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF CO- APPLICANT	DATE