

Protected "B" when completed –FIPPA 26(c); 33.2(a)

THIS IS A NON-SMOKING /VAPING/MARIJUANA PROPERTY

PLEASE TYPE OR PRINT CLEARLY

CVTS PROPERTY MANAGEMENT ONLY

File# _____ Date _____

1. Applicant Information

Legal Last Name (applicant 1)	Legal First Name	Initial
_____	_____	_____
Preferred Last Name	Preferred First Name	Initial
_____	_____	_____
Legal Last Name (applicant 2)	Legal First Name	Initial
_____	_____	_____
Preferred Last Name	Preferred First Name	Initial
_____	_____	_____

** - *OPTIONAL* -Do you or anyone in your household identify as an Indigenous person in Canada? Yes No

If yes, please select the option that best describes your indigenous identity First Nation _____ Metis
 Inuit Other _____

** Data is collected for planning or reporting purposes and does not impact eligibility for housing

2. Contact Information

Home Address	City	*BC	Postal Code
_____	_____	_____	_____
Cell Phone	Work Phone	Home Phone	E-Mail address
_____	_____	_____	_____

** Authorized contact name and relationship to you

** Authorized contact phone number

*you must currently reside in BC to be eligible for CVTS's Affordable Housing Program

**OPTIONAL – by providing an authorized contact, you are giving CVTS'S Affordable Housing Program to exchange information with that authorized contact to maintain and update your file. To remove an authorized contact, please contact CVTS'S Property management Department at : affordablehousing@cvts.ca

3. Household Information

(a) List yourself, then all other household members. If required, attach a separate sheet for more names

Last Name	First Name & Initial	Relationship (to applicant)	Birth Date (dd/mm/yyyy)	Age	Gender	Born in Canada	
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No*

*please be aware that if you are shortlisted for a housing placement, for anyone not born in Canada who is a permanent resident, landed immigrant or under sponsorship, you will be required to provide copies of applicable documentation: record of landing IMM1000, or sponsorship undertaking confirmation of permanent residence IMM5292, or permanent resident card – both sides

(b) Do all the people listed live with you full time right now? Yes No \Rightarrow If No, please provide the following information for all Persons not living with you full time:

Name	# of days per week	Shared Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not shared custody, why are they not living with you full time?
_____	_____	_____	_____

Protected "B" when completed –FIPPA 26(c); 33.2(a)

THIS IS A NON-SMOKING /VAPING/MARIJUANA PROPERTY

(c) Do you expect the number of people living with you to change in the next 12 months e.g., pregnancy, family joining, family leaving, child in care?

No Yes ⇒

If yes, please explain and provide expected date of household size change

4. Residency History

(a) Please provide information on where you have lived for the last five years:

Rental Address (street, city, postal code)	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Landlord Name	Landlord Phone	Reason for Leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Income and Asset Information

(a) List gross monthly income* sources (before deductions) for everyone age 19 and older:

*copies of last three consecutive cheques stubs or letter from employer are required

Name	Income source (select any that apply)	Gross Monthly Income (\$)
_____	Employment <input type="checkbox"/> IA <input type="checkbox"/> GIS <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	_____
_____	Employment <input type="checkbox"/> IA <input type="checkbox"/> GIS <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	_____
_____	Employment <input type="checkbox"/> IA <input type="checkbox"/> GIS <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	_____
_____	Employment <input type="checkbox"/> IA <input type="checkbox"/> GIS <input type="checkbox"/> CPP <input type="checkbox"/> OAS <input type="checkbox"/> Pension <input type="checkbox"/> Other: _____	_____
Total gross monthly Income (\$) for household		_____

(b) For any adult (age 19* or older) with no income, please tell us why there is no income:

(c) List the current value of all assets* held by you and members of the household:

Cash / Bank Balance	RRSPs / Annuities	Stocks / Bonds Term Deposits	Residential Real Estate	Other Real Estate	Other Assets (describe)
_____	_____	_____	_____	_____	_____

*proof of income and assets must be included

6. Current Accommodation

(a) To assess your current housing need, select as applicable:

Own Amount _____ ⇒ Nightly
 Rent ⇒ _____ ⇒ Weekly ⇒ If renting, what ⇒ Electricity
 Shared _____ ⇒ Monthly ⇒ utilities are included? ⇒ Heat
 Accommodation _____ ⇒ _____ ⇒ Hot water

Not Applicable Living with family/friends Hotel or motel Emergency shelter or transition house

(b) As applicable, select you current housing situation:

Homeless Second-stage Housing Other _____
 (describe):

Protected “B” when completed –FIPPA 26(c); 33.2(a)

THIS IS A NON-SMOKING /VAPING/MARIJUANA PROPERTY

(c) How many bedrooms does your household have? _____

(d) Have you received a legal RTB Notice to End Tenancy*? No Yes ⇒ What date do you have to move? _____
*must be a Residential Tenancy Branch ‘Notice to End Tenancy’ – attach copy

(e) If you are NOT under notice to move, please tell us why you want to move:

7. Health and Mobility Information – matching you to housing that best suits your needs

(a) Do you, or any members of your household, have any restrictions with stairs?

No Yes Cannot Limited number
 Manage stairs of stairs (specify): _____

(b) Do you, or any members of your household, use: Wheelchair ⇒ Inside your Kitchen Bathroom
 (who): _____ home
 Scooter ⇒ Inside your Kitchen Bathroom
 (who): _____ home

(c) Can you and your household members access and function in all rooms in your current housing?
 Yes No (explain): _____

(d) Other than mobility concerns, do you, or any members of your household, have a health condition or disability that would require a specific housing need? No Yes ⇒ If yes, please fill out the table below:

Name of household member	Explain the health condition or disability

Briefly explain how the health condition or disability described above affect your ability to function in your current housing?

(e) Describe any special requirements or features that you may need in your housing related to your mobility or health condition:

8. Housing Preferences/Choices – matching you to a suitable unit*

(a) Do you, or any in your household smoke? No Yes Are you willing to sign a non-smoking agreement? No Yes
 (b) Do you require a parking space? No Yes Would you consider housing without parking? No Yes
 (c) Do you have a Registered Assistance Dog? No Yes If yes, do not include as a ‘pet’ in question (d)
*Documentation will be required

(d) Do you have any pets**? No Yes If yes, fill out this table How many? Breed(s)

<input type="checkbox"/> Dog*	_____	_____
<input type="checkbox"/> Cat	_____	_____
<input type="checkbox"/> Bird	_____	_____
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Fish***	_____	Aquarium size in Gallons (***subject to approval)

Total # of pets: _____

(e) Which buildings would you like to be considered for?

THIS IS A NON-SMOKING /VAPING/MARIJUANA PROPERTY

2700 Mission Road (studio, 1, 2 & 3 bedroom)

PLEASE NOTE THIS APPLICATION IS NOT A GUARANTEE OF HOUSING

PLEASE READ AND SIGN THIS STATEMENT

I/We declare:

- This is my/our application, and
- All the information in it is correct and complete to the best of my/our knowledge.

I/We authorize:

- CVTS to make any inquiries that are necessary to verify the information given in this application;
- Any person, corporation or social agency to release to CVTS any information pertinent to the assessment of my/our application;
- Members of CVTS to receive and exchange with credit bureaus and my/our previous landlords, credit and other tenancy information about me/us, to be used in the decision-making process to provide me/us with housing; and
- Ministry of Social development and Poverty reduction to release information to CVTS regarding my/our income.

I/We understand:

- that this application is not an agreement on the part of CVTS to provide me/us with housing;
- that if I/we refuse two offers of housing, my/our application will be cancelled;
- that if I/we are being considered for an available unit, CVTS will gather additional information in order to assess my/our ability to uphold the obligations of a tenancy agreement, and it is my/our responsibility to provide or cause to be provided information requested at assist with this assessment;
- that it is my responsibility to tell CVTS of any changes to the information given in this application and to provide any supporting materials required;
- that false information given by me/us may result in my/our application being cancelled from consideration, and
- that if I/we have deliberately worsened my/our current housing situation (e.g., terminated a tenancy for no reason) that my/our application may not be accepted or my/our current living situation may not be taken into consideration.

Protected "B" when completed –FIPPA 26(c); 33.2(a)

THIS IS A NON-SMOKING /VAPING/MARIJUANA PROPERTY

This Application must be signed by everyone age 19 or older.

Print Name	Signature of Applicant(s)	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT! Please complete this checklist by placing a check mark (✓) in the appropriate box.
Select either 'Done' or 'N/A' (not applicable).

Done	N/A	Page	Section	Documentation required as applicable
<input type="checkbox"/>	<input type="checkbox"/>	3	6(d)	Copy of Notice to End tenancy; this must be the official form from the Residential tenancy Branch (RTB). To get a copy of this form, call the RTB at 604-660-3456 or download to from: www.gov.bc.ca/residential-tenancies
<input type="checkbox"/>	<input type="checkbox"/>	3	5(a)	If employed, proof of current gross monthly income: copies of Last three consecutive cheque stubs or letter from employer
<input type="checkbox"/>	<input type="checkbox"/>	3	5(a)	For all other income sources: copies of pay stubs, bank statements, or other confirmation of income. Further documentation may be requested
<input type="checkbox"/>	<input type="checkbox"/>	3	5(c)	Copies of bank statements or letter from financial institution stating total value of asset(s); property tax assessments for value of property owned and proof of outstanding mortgage(s) if you own property

**IMPORTANT: ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

Do not send original documents
Submitted documents will not be returned

Please be aware that if you are shortlisted for a housing placement you will be required to provide a copy of citizenship papers or immigration documents for household members not born in Canada: record of landing IMM1000 or Sponsorship Undertaking confirmation of Permanent Residence IMM5292 or Permanent Resident Card -both sides.