



Íwséltkten Place, 240 Park Drive, Clearwater, BC, V0E 1N1

## RENTAL HOUSING APPLICATION

### **(1) Are You Eligible for Our Housing?** -----

Yellowhead Community Service Society (YCS) has three types of affordable rental housing. Please put a check mark next to every category for which you are eligible.

- FAMILIES WITH CHILDREN – *you must have dependent children living with you AND you must have primary parenting responsibility. Dependent children are 19 years old and under.*
- SENIORS (60+) – *you or your spouse (married or common law) must be at least 60 years old.*
- PERSONS WITH DISABILITIES – *who can live independently, are in receipt of a recognized disability pension or are considered disabled for income tax purposes.*

If we have not got the type of housing listed that you are looking for, YCS cannot activate your application.

### **(2) Tell Us About Your Household:** -----

Your name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(first name) (last name) (M/D/Y)

Gender:  Male  Female  Other, preferred pronouns: \_\_\_\_\_

*\*List all other people who will be living with you, and their relationship to you:*

#2 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Relationship: \_\_\_\_\_

#3 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Relationship: \_\_\_\_\_

#4 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Relationship: \_\_\_\_\_

#5 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Relationship: \_\_\_\_\_

#6 Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_ Relationship: \_\_\_\_\_

Reason for needing housing: \_\_\_\_\_

Phone #: \_\_\_\_\_  check if we can leave messages. Email: \_\_\_\_\_

Do you rent  or own  your home? Monthly payment \$ \_\_\_\_\_

Do you have any pets?  No  Yes. If yes, please note that YCS housing is pet free, we cannot accept pets.

ALL units are smoke free. Do you understand that you must sign a 'No Smoking' addendum?  Yes  No

What size of unit are you applying for?  Bachelor  1 Bedroom  2 Bedroom  3 Bedroom



**(3) Your Household Income:** -----

Eligibility for a unit is related to income. Each adult (19+) in the household must declare their income.

**#1 Household Member:** income from last year's Revenue Canada Notice of Tax Assessment Line 150: \$ \_\_\_\_\_

*Income Source (check all that apply):*

Employment:  E.I.     BC Benefits:     Pensions:     Other (specify): \_\_\_\_\_

**#2 Household Member:** income from last year's Revenue Canada Notice of Tax Assessment Line 150: \$ \_\_\_\_\_

*Income Source (check all that apply):*

Employment:  E.I.     BC Benefits:     Pensions:     Other (specify): \_\_\_\_\_

**(4) Rental References:** -----

1. Current landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_ How Long? \_\_\_\_\_

Your current address: \_\_\_\_\_

2. Previous landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous address: \_\_\_\_\_

3. Personal reference: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**(5) Authorizations, Declarations and Understandings:** -----

**AUTHORIZE COLLECTION OF PERSONAL INFORMATION.** I/we authorize Yellowhead Community Services Society (Society) and/or their representatives to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation, government department, government agency, or a social agency to release to the Society any information pertinent to the assessment of my/our application, pursuant to the Personal Information Protection Act and the Freedom of Information and Protection of Privacy Act.

**PRIVACY POLICY.** The Society's privacy policy is available on a separate form. Due to changes in technology and legal requirements, we may revise this policy from time to time. It is the applicant's responsibility to request a current copy.

**AUTHORIZE SHARING INFORMATION.** I/we authorize and consent to the Society exchanging (receiving and giving) information about me/us with credit agencies and my/our previous landlords with whom I/we have had dealings. I/we understand that such information will be a factor in the Society's decision to provide me/us with rental accommodation. I/we authorize the society to share the information on this application with other Public Housing Bodies, as defined in the Residential Tenancy Act Regulations, in order to increase my/our opportunities for affordable and/or subsidized housing.

**NOT RENTAL AGREEMENT.** I/we understand that this application does not constitute an agreement on the part of the Society or BC Housing to provide me/us with rental accommodation.

**ACTIVE APPLICATION.** I/we understand that it is my/our responsibility to advise the Society of any changes to the information given in this application and to provide any supporting documents required for my/our application and that it is my/our responsibility to contact the Society every 6 months from the date of this application to maintain an active file. I/we understand that the Society will de-activate this application 6 month after my/our last contact with the Society.

**INCOME DOCUMENTATION.** I/we understand that I/we will be required to supply complete income documentation to the Society in order to confirm my/our eligibility for the rental housing. The required documentation will include all sources of income, assets and the three (3) most current months of all bank statements.

By signing this form, I/we declare that all the information given in this application is true, correct and complete AND I/we acknowledge that I/we have read, understood Section (5) above and agree to the authorizations and consents that I/we have granted in this application.

Signed: X \_\_\_\_\_ Signed: X \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE: INCOMPLETE APPLICATIONS AND APPLICATIONS NOT SIGNED BY ALL ADULT APPLICANTS WILL NOT BE ACTIVATED.**