

Application Form Check List

Please review this checklist and make sure that, when this application is complete it includes all documents. Missing information will delay the processing of your application. Please send only the documents requested. **DO NOT SEND ORIGINALS.** Submit your completed application with supporting documents to:

**Mission Association for Seniors Housing
7380 Hurd Street
Mission, B.C. V2V 3H5**

Identification and proof of status in Canada for all household members

- Copy of Canadian birth certificate(s) for all family members born in Canada; and
- For family members not born in Canada, copies of citizenship papers or immigration documents. Acceptable proof includes copies of:
 - Record of Landing (IMM1000); or
 - Sponsorship Undertaking: Confirmation of Permanent Residence (IMM5292); or
 - Permanent Resident Card (both sides).

Proof of current address and rent.

- Copy of current rent receipt or recent rent increase notice; or
- Copy of lease or tenancy agreement showing current rent amount.

Proof of income and assets.

- If receiving income assistance from the Ministry of Social Development and Social Innovation (SDSI): copy of cheque stub or confirmation of monthly assistance from your worker at SDSI.
- If employed: proof of **current** gross monthly income (last three consecutive cheque stubs or letter from employer).
- Copies of cheque stubs, bank statements showing direct deposit of pensions, or other confirmation of income for any other income source.
- 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.

Where money is owed for previous rental housing, a copy of any repayment agreement you have with your past landlord.

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 it from www.rto.gov.bc.ca.

Optional: Supplemental Application Form only needs to be completed if you wish to receive extra consideration for:

- homelessness; or fleeing abuse or violence; health condition affected by current housing

The Supplemental Application Form is available from The Society at The Cedars

1. Applicant and Household Information

First and Last Name	Relationship (To Applicant)	Age	Date of Birth mm/dd/yy	Gender M/F	Indigenous Ancestry?
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					

Do all these people currently live with you full-time? **Yes** **No**

If no, explain: _____

Do you expect the number of people living with you to change in the next twelve months? **Yes** **No**

If yes, explain: _____

2. Contact Information

Primary Phone #

Secondary Phone #

Email

Other Contact

3. Current Accommodations Details

Rent Own Homeless Living with friends/family Temporary Stay (shelter/treatment center)

Other:

Rent amount? _____ Utilities included? **Yes** **No** If no: Utilities \$ _____

Are you currently under eviction? **Yes** **No**

If yes, for what reason? _____

When is the last day of your tenancy? _____

4. Residency History

List where you have lived for the last 5 years **starting with your current address**:

Address **Move In Date** **Move Out Date** **Landlord Phone Number**
 (House number, street, city)

Reason for Leaving:			
Reason for Leaving:			
Reason for Leaving			

Have you or anyone on your application lived in subsidized housing? Yes No

If yes:	Details:	Reason for Leaving:
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Note: Failure to declare history with subsidized housing may result in disqualification from our waitlist or a reason to end tenancy.

5. Additional References

Minimum of 2 required. Family members are NOT permitted as references.

Name	Relationship	Contact Information

If no, explain why not:

6. Financial Information

Instructions:

1. Please include all taxable and non-taxable income information for **all** persons on the housing application.
2. Enter all separate income types on individual lines.

Household Member Name Employment, Income Assistance, PWD, Child Tax Credit, Child Support, Pension, EI, No income etc. Gross Amount (before taxes) Pay Term monthly,bi-weekly

Ex. Jane Smith	Employment	\$987.42	Bi-weekly

*** All income must be declared but may not contribute to the income limits.**

7. Asset Information

	Type	Amount/Value
	Cash Savings	
	Stocks/mutual funds	
	RRSP Etc.	
	Real Estate/Property	
	Trust Funds	
	Other assets:	

8. Expense Information

Household Member Name	Type	Monthly Amount
	Loan repayment	
	Child Support	
	Medical Costs	
	Other:	
	Other:	
	Other:	

9. Preferences

Select any unsatisfactory living conditions that apply to your current situation:

- Relationship break-down Unsafe/illegal activity Problem Landlord Overcrowding
 Pests/Rodents Inadequate kitchen/bathroom Poor maintenance Affordability

If there are other reasons why you wish to leave, please explain:

Please answer the following. **Note:** We use this information to match you with the most suitable suite for your needs.

At least one member of my household uses a: Wheelchair Scooter

Stairs: I have no limitations I cannot manage I can manage a limited amount only

Other than mobility concerns, do you, or any members of your household, have a health condition or Disability? Yes No

Name of household member

Explain the health condition or disability

How does the health condition or disability described above affect your ability to function in your current housing? Please explain: _____

10. Application Form Declaration

Read and sign this statement:

I/We declare:

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

I/We authorize:

- The Society to make any inquiries that are necessary to verify information pertinent to this application.
- any person, corporation or social agency to release to The Society any information pertinent to the assessment of my/our application;
- members of The Society to receive from 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;
- Ministry of Social Development and Social Innovation release information to The Society regarding my/our income.

I/We understand:

- that if I/we are being considered for an available unit, The Society will gather additional information to assess my/our ability to uphold the obligations of a tenancy agreement and it is my/our responsibility to provide information requested to assist with this assessment;
- that false or incomplete information given by me/us may result in my/our application being disqualified from consideration or resulting in the termination of tenancy
- that it is my/our responsibility to tell The Society of any changes to the information given in this application and to provide any supporting materials required

Application must be signed by everyone age 55 or older.

Print Name	Signature of Applicant(s)	Date