



Application Information:

Last Name	First Name	Title
		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/>

Contact Information:

Home Street Address	City	Province	Postal Code

Home Phone:	Work Phone:
Message Phone:	Email:

Please select the option that best describes your Aboriginal identity:

First Nations Metis Inuit Other

If Other, provide information: _____

Household Information:

List yourself, then all other household members who will reside with you, if required attach separate sheet for more names.

Last Name	First Name	Relationship (to Applicant)	Birth Date m/d/y	Age	Sex	Disability
		Applicant				

Do you expect the number of people in your household to change in the next 12 months? Yes No
If Yes, please explain and provide expected date of household size change.

Do all of the people listed live with you full time right now? Yes No



Residential Tenancy History:

Please provide information for your last three landlords

Rental Address, Street, City	From (m/d/y)	To (m/d/y)	Landlord Name	Landlord Phone #	Reason for Leaving

Have you ever lived in Vancouver Native Housing Society? Yes No Have you or any members of your household ever lived in subsidized housing? Yes No
If yes, provide the following information for all previous subsidized housing.

Name of Tenant	Name and Address of Housing Development	Reason for Leaving

Income Source

For income sources, list gross monthly (before deductions) for everyone age 19 and older.

Name	Income Source (Employment, EI, Income Assistance, OAP etc.)	Gross Monthly Income (\$)

Total gross monthly income for household \$ _____

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

Current Accommodation:Do you: Rent Share Homeless Other

How much is your rent? \$ _____

Does your rent include heat and/or hydro? Yes No

If it is not included what is the monthly cost? \$ _____

How many bedrooms does your household have? _____

How many people reside in your current suite? _____

Please describe your current living arrangements:

House/Townhouse Living with Family/Friends Boarding House Apartment/Basement Suite Emergency Shelter Homeless Do you have Pets? Yes No

Do you have a toilet? Private Shared None
 Do you have a bathtub? Private Shared None
 Do you have a shower? Private Shared None
 Do you have a kitchen? Private Shared None

Health and Mobility Information:

Do you, or any member/s of your household use a wheelchair? Yes No

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

Are you required to give a 30 day notice to vacate? Yes No

If you are not under notice to move, please tell us why you want to move?

Please read before signing;

I/We understand:

- That this application is not an agreement on the part of Vancouver Native Housing Society or its members to provide me/us with housing;
- That it is my/our responsibility to complete an Application Update form to inform Vancouver Native Housing Society of any changes to the information given in this application;
- That I/we must complete an Application Update form every six months to remain active on the Waitlist;
- That false information given by me/us may result in my/our application being cancelled from consideration.

I/We declare all the information I/we provided as correct and complete to the best of my/our knowledge.

APPLICATIONS MUST BE SIGNED BY EVERYONE AGE 19 OR OLDER

Print Name	Signature of Applicants	Date