



ABORIGINAL HOUSING SOCIETY OF PRINCE GEORGE

1224 Houston Lane, Prince George, BC V2L 5G2 Phone (250) 564-9794 Fax (250) 564-9793

Housing Application Form

IMPORTANT INFORMATION FOR APPLICANTS:

This housing is available for ALL ABORIGINAL PEOPLE

- It is your responsibility to **update your contact information every six (6) months or when any changes occur, such as family composition, contact numbers, address, etc.** Failure to do will result in your application being removed from the active applicant listing to inactive and your application will not be considered for housing.
- Fill in as much of the application as possible: the more information we have to go on the better your chances of obtaining housing with us.
- Be prepared to provide income documents and Government Issued Identification if you are called for housing.

PLEASE SUBMIT COMPLETED FORMS TO ONE OF THE FOLLOWING

Fax: 250-564-9793,

Email: info@ahspg.ca

Mail: Aboriginal Housing Society Of Prince George

202, 1224 Houston Lane

Prince George, BC V2L 5G2

OFFICE USE ONLY

Please Type or Print Clearly

File# _____ Date _____

"We provide safe, healthy, and affordable housing for Aboriginal people of all incomes, ages, and capabilities"

1. Applicant Information

Last Name	First Name	Title (please circle one)	
		Mr.	Miss
		Mrs.	Ms.
		Mr.	Miss
		Mrs.	Ms.

2. Contact Information

Street Address	City	Province	Postal Code
Home			
Mailing Address (if different from home address)			
Home Phone	Work Phone		
Cell Phone	E-mail		
Contact Person (optional)	Contact Person Phone		

3. Household Information

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

Last Name	First Name	Relationship (to applicant)	Birth Date (dd/mm/yyyy)	Age	Sex	Born in Canada?
		Self				
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

If No, please provide the name of the person(s) and number of days per week they live with you.

Name (surname first)	# Days/Week	Shared Custody? Yes or No	If No , why are they not living with you full time?

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) Yes No

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

d) Do you or anyone in your household identify as being an Aboriginal person of Canada? Yes No

If Yes, please select the option that best describes your Aboriginal identity.

First Nations Métis Inuit Other

4. Residency History

a) Please provide information on your last three (3) landlords.

Rental Address	From dd/mm/yyyy	To dd/mm/yyyy	Landlord Name	Landlord Phone	Reason for Leaving

b) 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 on Tenancy	Name and Address of Development	Reason for Leaving	Money Owing? Yes or No

If there is money owing due to a past tenancy, complete the following;

How much is owing? \$_____	Is there a written repayment schedule in place? Yes or No
If Yes, please provide specifics here:	

Reason for Debt:

Note: failure to declare past subsidized housing or debts owed to subsidized housing providers may result in cancellation of your application.

5. Income and Asset Information

a) Is anyone in the household receiving income assistance from the Ministry of Housing and Social Development (formerly MEIA)? Yes No

If Yes, please complete the following for each person receiving assistance.

Name (surname first)	Category (please check one or more)
	<input type="checkbox"/> Person with Disability (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable
	<input type="checkbox"/> Person with Disability (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable
	<input type="checkbox"/> Person with Disability (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable
	<input type="checkbox"/> Person with Disability (PWD) <input type="checkbox"/> Person with Persistent Multiple Barriers (PPMB) <input type="checkbox"/> Employable

b) For all other income sources, list gross monthly income (before deductions) for everyone age 19 or older.

Name (surname first)	Income Source (employment, EI, Pension etc)	Gross Monthly Income (\$)
		\$ _____

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

Note: If any adult (age 19 or older) is a full time student, attach proof of student status to application.

d) List the current value of assets held by you and family members of the household.

Cash/Bank Balance	\$	RRSPs/Annuities	\$
Stocks/Bonds/Term Deposits	\$	Residential Real Estate	\$
Other Assets	\$	Other Real Estate Holdings	\$

Note: Proof of income and assets must be sent in with application.

6. Current Accommodation

a) Do you; Rent Own Share Other _____

b) How much is your rent payment? \$_____ Is this: Nightly Weekly Monthly

Is heat included in the rent? Yes No

c) How many bedrooms does your household have? _____

d) Please describe your current living arrangements

- House /Townhouse
- Apartment/Basement Suite
- Hotel /Motel
- Second-stage Housing
- Manufactured Home/Trailer (in park service)
- Transition House
- Housekeeping/Room & Board
- Living w/family and friends
- Emergency Shelter
- Treatment Centre or Care Facility
- Other (Describe) _____

e) Do you have a bathroom? Private Shared None

f) Do you have a kitchen? Private Shared None

g) Have you received a legal notice to end tenancy? Yes No

If Yes, what date do you have to move by? _____

Note: Attach a copy of the notice to end tenancy to the application. This notice must be the Residential Tenancy Branch's Notice to End Tenancy Form.

h) If you are NOT under notice to move, please tell us why you want to move.

7. Health and Mobility Information

Do you or any household members have any mobility issues, health conditions or disabilities that we should be aware of? If so, please complete the following questions so that we may assist you with matching you to housing that best suits your needs. If you do not have a health condition or disabilities go to Section 8.

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

No restrictions Cannot manage stairs

b) Do you or any members of your household use a;

Wheelchair Yes No Scooter Yes No

If Yes, who? _____

If a wheelchair is used, it is used inside your home? Yes No

c) Can you and your household member's access and function in all rooms in your current housing?

Yes No

If No, please explain: _____

d) Please describe any special requirements or features that you may need in your housing related to your mobility or health condition.

e) Do you currently receive home support? Yes No

If Yes, number of hours per week? _____

Who are the agencies providing home support?

Agency Name	Worker	Phone Number

8. Housing Preferences/Choices

a) Do you or anyone in your household smoke in your home? Yes No



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Check list for New Applicants

This check list is for ***ALL PERSONS OVER THE AGE OF 19.***

- 90 Day bank statements
- 3 paystubs from employer
- Notice of Assessments for the past year
- Landlord references – Name and phone number
 - If less than 5 years at present address, then we require previous landlords information from address before present one.
- AHSPG financial forms (please ask reception)

Please ensure your phone numbers are updated as well as any changes in number of occupants and your financials.

Once completed; return all information to the Reception or Property Manager

Application MUST be updated every six Months.