



Aboriginal Housing Society of Prince George

1919 17th Avenue, Prince George, BC V2L 5R2 Phone (250) 564-9794 Fax (250) 564-9793

Housing Application Form

IMPORTANT INFORMATION FOR APPLICANTS:

- It is your responsibility to **update your contact information every three (3) 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

1919 17th Avenue

Prince George, BC V2L 5R2

OFFICE USE ONLY

Please Type or Print Clearly

File# _____ Date _____

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	Dependent (to applicant)	Birth Date (dd/mm/yyyy)	Age	Sex	Born in Canada?
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 (Please Specify)

What community are you from: _____

4. Residency History

- a) Please provide information on your last three (3) landlords.
 b) Have you previously been a tenant with AHSPG? **YES/NO** _____

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

c) 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 provided when selected applicants have accord.

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

b) Do you have any pets? Yes No

If Yes, how many in total? _____

Provide the following information for all household pets.

Type	How Many?	Willing to give up? Yes/No	Breeds/Description
Dog			
Cat			
Other			

c) **Tell us where you would like to live.** There are more people applying for housing than vacant units. Therefore, the time to find housing can be very long. To increase the chances of being offered a place to live, you might want to select a number of buildings or areas. However, please note that if you refuse two **(2)** offers of housing, your application will be cancelled. For that reason, you must be sure that you are prepared to live in any of the buildings or areas you list.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____

Use this space to tell us about yourself:

NOTE: A maximum of two (2) offers of housing will be made. If two offers are refused, your file will be cancelled. Please make sure you are willing to live anywhere listed above.

9. Please check off the current living situation that is most relevant to you:

- Currently have a permanent and safe house/living arrangement
- Currently living in non-permanent housing (not affordable, unsafe location, fixed term agreement, declining health, etc)
- Under-housed in current location (sharing kitchen, bathroom, bedrooms)
- Under notice to vacate the unit (ensure the eviction is not due to “cause” please disclose the reason)
- Currently without a place to live (living in shelter, couch surfing, on the street)

Details: _____

a) Family Size:

- Single Adult
- Couple/ Two Adults
- Adult with Dependents

b) Do you have Mobility Issues?

1. Yes
2. No