



Housing Application Form

For Office Use Only

Received by: Email Fax Phone ID Verified?
Mail Drop off Date Received:

Important information before you begin:

Please read and initial each point below.

Initials

- | | |
|--|--|
| | Only residents of British Columbia qualify for housing with our society. If you live outside of BC, are in a special circumstance and would like to be considered, please contact the office to discuss. |
| | Applications must be complete before they are submitted; including the residency history and reference sections. Any incomplete applications will not be added to the waitlist. |
| | Once the application has been submitted, you must contact the office to confirm it was received and is complete. If we do not hear from you within 2 weeks of applying, your application will be discarded. |
| | MQHS will use the information you provide in this form and any additional information you provide during the waiting period to determine eligibility for our housing. |
| | MQHS may request further information to help determine your eligibility. Failure to provide requested information may affect your eligibility and/or result in disqualification. |
| | Disrespectful and/or non-compliant behaviour may result in disqualification of your application. |
| | At a minimum, you must contact the Tenant Relations department with an update every SIX months to keep your application active. Applicants who have not contacted within that time will be at risk of disqualification. |
| | You must also contact the office if something significant changes in your situation. <i>For example: new phone number, new address, or a change in household members.</i> |

Rent Smart Certificate: Learn what landlords look for in choosing a tenant; improve your chances for getting the housing you need, gain exclusive access to supports and a strong reliable reference recognized by many housing providers/landlords. *For more information visit www.readytorentbc.org/*

Are you interested in signing up for this course offered by MQHS? **Yes** **No**

Those who graduate the course may gain priority to their application.

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: _____

Note: Only immediate family members should apply to live together. For special consideration (i.e. adult children or alternative family groups), please contact the office.

2. Contact Information

| | |
|--------------------------|----------------------------|
| _____ Primary Phone # | _____ Secondary Phone # |
| _____ Email | _____ Other Contact |

3. Current Accommodation 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 (House number, street, city) | Move in Date | Move out Date | Landlord Name | Landlord Phone Number |
|---|-----------------|------------------|---------------|--------------------------|
| | | | | |
| Reason for leaving: | | | | |
| | | | | |
| Reason for leaving: | | | | |
| | | | | |
| Reason for leaving: | | | | |
| | | | | |
| Reason for leaving: | | | | |

Have you or anyone on your application...

...rented from MQHS? Yes No

| | | | |
|---------|---------|-------|---------------------|
| If yes: | Unit #: | Date: | Reason for leaving: |
|---------|---------|-------|---------------------|

...lived in subsidized housing? Yes No

| | | |
|---------|----------|---------------------|
| If yes: | Details: | Reason for leaving: |
|---------|----------|---------------------|

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 |
|------|--------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Note: If your references or rental history are inadequate you may be required to complete our Rent Smart Certificate course in order to qualify for our housing.

6. Pets

Note: *Pets are currently only permitted at select properties. Please read our Properties pages on our website to review policies for individual buildings or call the office to confirm. Furthermore, MQHS reserves the right to decide whether our housing is suitable for your pet on a case-by-case basis.*

Are you willing to accept housing if your pet is not approved? Yes No

Pet Information (Maximum 2 pets, please fill out this section with dogs and cats only)

| Pet's Name | Type/Breed | Age | Weight/Size |
|------------|------------|-----|-------------|
| | | | |
| | | | |

Note: *All tenants are permitted to have small caged pets or fish tanks to a maximum size of 30 gallons.*

Pet References

We accept your veterinarian, neighbours, friends, or past landlords. We **do not** accept family members as references. A minimum of 3 references are required. Landlord references are preferred. Please provide references who can answer questions about your pet's temperament and your experience as a pet owner. They may be the same as the references listed for housing.

| Name | Relationship to you/your pet | Contact Info. |
|------|------------------------------|---------------|
| | | |
| | | |
| | | |

Rental Information

Have you ever lived with the pet(s) listed above? Yes No

If yes, provide address: _____

If no, explain why not: _____

Declaration

I understand that, prior to being housed with a pet, I will be required to:

- Read and sign a "Pet Addendum;" and
- Provide emergency contact information for my pet(s); and
- Consent to an in-home assessment so that an MQHS staff can meet with me and my pet; and
- Keep licensing and vaccination records up to date; and
- Provide proof of spay or neuter upon request.

7. 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.
3. Supporting documents will be requested if the applicant is being considered for a future vacancy.

| Household Member Name | Income Type Ex. Employment, Income Assistance, PWD, Child Tax Credit*, Child Support*, Pension, EI, No income etc. | Gross amount (before taxes/deductions) | Pay Term ex: monthly, bi-weekly |
|-----------------------|---|--|---------------------------------------|
| Ex. Jane Smith | Employment | \$987.42 | Bi-weekly |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

Asset Information

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

Expense Information

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

8. 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 housing for your needs. If you turn down two offers, your application will be deactivated.

I will live in: Mission Abbotsford Chilliwack Hope

I am willing to: live in an **apartment:** Yes No perform **yard maintenance:** Yes No

I am willing to live in a **non-smoking property:** Yes No

I am willing to live in **pet-free housing:** Yes No

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

I require a unit **adapted for limited mobility:** Yes No If yes, explain:

9. 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:

- Mamele'awt Qweesome & To'o Housing Society (MQHS) to make any inquiries that are necessary to verify information pertinent to this application.

I/We understand:

- That if I/we are being considered for an available unit, MQHS 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 tenancy ended.

Application must be signed by everyone age 19 or older.

| Print Name | Signature of Applicant(s) | Date |
|------------|---------------------------|------|
| | | |
| | | |