

# NEIGHBOURHOOD HOUSING SOCIETY

## APPLICATION - HOUSING LOW INCOME SINGLES

**NAME:**

\_\_\_\_\_

Surname	First Name	Other Name(s)
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**CURRENT ADDRESS:**

\_\_\_\_\_

Apartment No.	Street	City	Postal Code
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**Proof Of Current Address:** *Please attach a rent receipt, letter, bill or other proof of address.*

Date of Birth : \_\_\_\_\_ Gender: \_\_\_\_\_  
[Day/Month/Year] Applicant

Telephone : \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**Current Housing (Check all that apply)**

- |   |  |                                     |   |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Share with Family/Friends                      | <input type="checkbox"/> S.R.O             | <input type="checkbox"/> Apartment  | <input type="checkbox"/> Bar/Pub Downstairs |
| <input type="checkbox"/> Boarding House Room                            | <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> No Windows |   |
| <input type="checkbox"/> No Elevator, but more than 2 floors to my unit | <input type="checkbox"/> Noisy             |                                     |   |

**Do you have a Private:**

- Bathroom     Yes     No                    Kitchen     Yes     No
- If no Private Kitchen :**     Hot Plate     Communal Kitchen     Eat Out

English     Speak     Write

Other Languages: \_\_\_\_\_

**Previous Addresses:**

\_\_\_\_\_ How Long? \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

If you do not live in the Downtown – Eastside, have you ever lived in this area?     Yes     No

If Yes, How Long? \_\_\_\_\_

When did you leave the area? \_\_\_\_\_

Why? \_\_\_\_\_

**Subsidized Housing History**

Do you live in subsidized housing?  Yes  No.

If No, have you ever lived in subsidized housing?  Yes  No

If Yes, Where?

\_\_\_\_\_  
Why Did you Move?

\_\_\_\_\_

**Health and Abilities**

Do you have any Physical requirements or other health related conditions related to your housing needs?

\_\_\_\_\_

**Income and Expenses**

Source(s) of income (e.g., BC Benefits, EI, OAP, CPP) \_\_\_\_\_

Gross Monthly Income (Before Deductions) \$ \_\_\_\_\_

Current Monthly Rent/ utilities amount or allowance \$ \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

Do you Have any Pets  Yes  No

If Yes, What Kind? \_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_ Contact Number: [ \_\_\_\_\_ ]

Name: \_\_\_\_\_ Contact Number: [ \_\_\_\_\_ ]

**Support Network References:**

Name	Organization	Contact Number

Name	Organization	Contact Number

**Freedom Of Information, FOI**

As part of my application for housing, I agree to let this landlord make any enquiries necessary only to verify the information on this form. I also agree to let this landlord contact any references provided to obtain pertinent information only to help assess my eligibility for housing with them. I also understand that this application is not an agreement to guarantee accommodation.

I Declare that the above information is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature Date

Neighbourhood Housing Society  
Office- 40 East Hastings Street  
Vancouver, BC V6A 1N1  
Tel: [604-605-0342] Fax: [604-688-2994]  
Tenantsupport@neighbourhoodhousing.ca