KIWASSA HOUSING SOCIETY
APPLICATION FOR HOUSING

(Office use only) Date Received	Interview	Application Number

YOU ARE APPLYING TO a **government assisted** rental housing project. **Note: Pets are/ are not allowed.** Please answer all questions and print clearly. If you need extra room for any questions, attach another sheet to the application.

A. Applicants: (Person(s) asking for housing)

Last Name:	First Name:	
Home or Message Phone	Cell Phone	Work Phone
Email Address		
Address: Suite, Number, Street, City, Prov, Postal Code (include mailing address if different)		

B. Household Composition (List yourself on line 1, then list all of the other persons in your household who will be living with you. If there are more than 6 people in your household, attach the extra names on a separate sheet)

Last Name, First Name	Birthdate D/M/Y	Sex	Relationship to Applicant	Type of Disability, if any	Wheelchair Requirements
1			**Applicant**		☐ YES
2					☐ YES
3					☐ YES
4					☐ YES
5					☐ YES
6					☐ YES

Do you expect the number of people in your family to change in the next 12 months? (pregnancy, family joining or leaving)

☐ Yes. If yes, please explain

☐ NO

Parking: Please list the vehicles you need parking for

Make and Model	Make and Model

C. Residency History: Please list your address(es) for the past 3 years. Use a separate sheet if you need to

Address	From Date	To Date	Name of Landlord	Landlord Phone
Address shown above (current)		**Present**		

Did you ever live in subsidized housing? ☐ YES ☐ NO

If yes, what was the name and address of the most recent subsidized housing development

When did you live there? From To

D. Income Information: List Gross Monthly Income (before deductions) from all sources, for all household members age 19 and over.

First Name	Source (emplyoment, EI, pension(s), GAIN, etc.)	Gross Monthly ($)
1		
2		
3		
4		
5		
6		
	Total Gross Monthly Income for Household	

E. Assets: Please list current value of all assets held by you and members of your household

Cash, Bank Balance	
Stocks/Bonds/Term Deposits	
Real Estate, RRSP, Annuities, Property Equity	

F. Current Housing: (Please describe your current housing by checking and completing the information below.)

Your current monthly rent or mortgage payment: $

Does your rent include Heat? ☐ YES ☐ NO

If NO, your average monthly payment for heat: $

Which of the following describes your current housing?:

☐ 1. Apartment ☐ 2. House/Duplex/Townhouse ☐ 3. Housekeeping Room

☐ 4. Basement Suite ☐ 5. Room & Board ☐ 6. Trailer

☐ 7. Hotel/Motel ☐ 8. Living with Family/Friends ☐ 9. Other

How many bedrooms does your household have now?

Which of the following does your household have:

Bathroom ☐ Private ☐ Share with another household ☐ None

Kitchen ☐ Private ☐ Share with another household ☐ None

Laundry ☐ Private ☐ Share with another household ☐ None

Outdoor Play Area ☐ YES ☐ NO

Do you:

☐ 1. Rent ☐ 2. Own ☐ 3. Share Expenses ☐ 4. Have Free Housing ☐ 5. Live in a Co-op

Do you have any household pets? ☐ YES ☐ NO (it is important that you list all pets)

☐ Dog ☐ Cat Breed & Height (please indicate):

Other pets (what kind?) Total number of pets

Are you willing to give up your pet? ☐ YES ☐ NO

G. Reason for Move:

Are you under notice to end your present tenancy? ☐ YES ☐ NO
If YES, you must attach a copy of the legal Notice to End a Residential Tenancy from your landlord.
If you are not under notice, why do you wish to move? (Please be specific. Attach separate sheet for additional information.)

Why do you wish to move to Kiwassa's Housing?

H. Reference: Please list 3 people, not family members, as references.

Name	Phone Number

DECLARATION: Please read and sign this statement.

I understand that this application does not mean that Kiwassa Housing Society will provide me with housing. I confirm that the information in this application is true, correct and complete. I agree to advise Kiwassa Housing Society of any changes to the information in this application, and to provide any supporting materials needed for my application.

I give Kiwassa Housing Society my consent to verify the information given in this application. I authorize any person, corporation or social agency to release any information pertinent to the assessment of my application to Kiwassa Housing Society.

Signature of Applicant	**Date**

Return to: Kiwassa Housing Society
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Email: HOUSING@KIWASSA.CA