APPLICATION FOR HOUSING
at ḱḿqiń Headwaters

PLEASE PRINT *your answers and sign this application.*
Send this completed, signed application and your supporting documentation to us by either:

- *Arranging to give it to the Property Manager or*
- *Scanning everything and emailing it to: slocan@svhousing.ca or*
- *Mailing everything to: Housing Application, 3650 Passmore Old Rd, Winlaw, BC V0G 2J0*

You may want to keep a copy of your completed, signed application and supporting documents.

NAME AND ADDRESS:

1st ADULT: LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

STREET ADDRESS *(if different from mailing address)* _____

TOWN/CITY: _____ POSTAL CODE: _____

PHONES: Home_____ Work _____

Cell: _____ To Leave Message: _____

EMAIL ADDRESS _____

Are you a Canadian Citizen or Permanent Resident? ☐ YES ☐ NO

Have you resided in BC for the last 6 months? ☐ YES ☐ NO

Are there two adults applying to live in the apartment? ☐ YES ☐ NO

2nd ADULT: LAST NAME: _____ FIRST NAME: _____

Is the 2nd person's contact information the same as the first person's? ☐ YES ☐ NO

If NO, please fill in the 2nd person's different contact information:

MAILING ADDRESS: _____

TOWN/CITY: _____ POSTAL CODE: _____

STREET ADDRESS *(if different from mailing address)* _____

PHONES: Home_____ Work _____

Cell: _____ To Leave Message: _____

EMAIL ADDRESS _____

Are you a Canadian Citizen or permanent Resident? ☐ YES ☐ NO

Have you resided in BC for the last 6 months? ☐ YES ☐ NO

BC HOUSING REGISTRY

Have you applied through the Registry? If so, please provide your registration number: _____

CHILDREN: Are any children going to be residing in the apartment? (Under 19) ☐ YES ☐ NO

If yes, please provide their ages and genders:

AGE	GENDER
_____	_____
_____	_____
_____	_____

CONNECTIONS TO THE SLOCAN VALLEY

If you don't currently live in the Slocan Valley, have you in the past? ☐ YES ☐ NO

Please give us the name and number of a family member or close personal tie who lives in the Valley (if any): _____

ACCESSIBILITY NEEDS

We prioritize people with disabilities and seniors (55+) for the Studio/1-Bedroom Apartments

Are you 55 years or older? ☐ YES ☐ NO

Is there anyone in the household who would benefit from a fully accessible apartment (i.e. wheelchair adapted)? ☐ YES ☐ NO

What are the reasons you want to move from your present housing? (example, too much maintenance, housekeeping, stairs, health issues, too isolated):

_____

Is there anything about your current house or apartment that is affecting your physical or mental health?

☐ YES ☐ NO If yes, please explain: _____

PETS: 1 dog OR 1 cat are allowed at ḱḿqiń Headwaters, provided they meet our Pet Policy and are approved by the Tenant Selection Committee / Property Manager.

Do you have a pet moving with you? ☐ YES ☐ NO IF YES, which? ☐ Dog ☐ Cat

AVAILABILITY: How soon are you prepared to move? _____

REMINDER: There is no smoking allowed at any of our facilities.

Residents AND their guests may not smoke or vape anywhere on the ḱḿqiń property.

INCOME INFORMATION: This information will remain confidential and will not be used for any other purpose than assessing eligibility for residency with us. In our agreement with BC Housing, we are only able to rent to people who meet the income criteria for ḵ ḿqiń Headwaters apartments.

Your application will not be considered until all questions are answered in full and we've received the required supporting income verification. Please remember to black out SIN and bank account numbers on supporting documents.

ASSETS: Please list the current value of all assets held by you and by the members of the household that you will be living with. Asset verification is required. Please attach photocopies of verification of your assets (ie. Property assessment, bank statements, etc).

Cash/bank balance	$
Stocks/bonds/term deposits	$
Assessed value of real estate owned	$
Mortgage owing?	$ ( )
Other: vehicles, RRSPs, collectibles, etc.	$
	$
	$
TOTAL ASSETS	**$**

GROSS HOUSEHOLD MONTHLY INCOME: Please enter the gross monthly income (before deductions) for all adult (19+) members of your household, from all sources.

Proof of income must be attached:

- Please see attached guide.

Please remember to blank out numbers such as bank account numbers, SIN #, etc.

Applicants may be required to supply credit information at a later date.

Name of Person	Income Sources	MONTHLY Income amount

Total Monthly Income		**$**

Residence History: Please list your 3 most recent addresses starting with the most recent. Landlords may be phoned as a reference. If you have never had a landlord or have only one landlord reference, please give us two (2) character references who are not family members.

RESIDENCE HISTORY:

Address & town/city	**From (M/Yr)**	**To (M/Yr)**	**Did you own? (Y/N)**	**Did you rent? (Y/N)**	**Landlord's name and phone number**
Character Reference Name					**Name and phone number**

I understand that this application DOES NOT CONSTITUTE AN AGREEMENT on the part of the Society to provide me with rental accommodation. I hereby certify that the information given in this application is true, correct, and complete in every respect to the best of my knowledge and can be documented.

I understand that it is my responsibility to advise the Society's office of any changes to the information given above INCLUDING A CHANGE TO CONTACT INFORMATION.

Signature of Applicant: _____

Date:_____

Signature of Applicant: _____

Date: _____

Thank you for filling out this form.
Please don't forget to send us your income verification along with this application.