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| **CONFIDENTIAL** |

**WOMEN’S HOUSING APPLICATION FORM**

**PICS Second Stage Housing Program**  **(Harmony House & Serenity House)**

Please write clearly and tick the appropriate boxes where required. Please submit form by any one of the following methods: **fax:** 604-596-7721 Attn: Second Stage Program Coordinator, **email:** coordinator.harmonyhouse@pics.bc.ca OR neena.randhawa@pics.bc.ca , or **mail** application

Progressive Intercultural Community Services (PICS) Society

Attn: Harmony House Coordinator

#205-12725 80th Avenue

Surrey, BC V3W 3A6

**What is Harmony House?**

Harmony House provides homeless immigrant women and their children fleeing domestic violence with a home that is safe, secure, and provides for basic human rights and needs of victims of violence in a culturally sensitive, linguistically accessible, and healing environment. This 2nd Stage development focuses on providing emotional support and practical assistance to women and children who are victims of domestic violence. Our 2nd Stage development focuses on healing women who are caught in a cycle of socio-economic, physical, sexual, and psychological abuse. Harmony House provides support and assistance through individual one-to-one sessions, confidence building exercises, goal setting, group therapy, and a variety of group sessions that are focused on health/wellness and empowerment.

**Please note that length of stay is 6 months for singles, and 12 months for mothers with children.**

**Who is eligible to apply?**

This housing program is available to immigrant women with or without children who are impacted by relationship violence. Preference is also given to non-immigrant women and children

For more information on whether this is the right program for you please call PICS.

**What is the program cost?**

If the resident receives income assistance, the program cost is based on the maximum shelter allowance.

If the resident is in receipt of income from employment or other sources, the same shelter allowance is applied.

# **Privacy Declaration**

All personal information collected is for the management of service delivery by PICS Society staff. No information will be shared with anyone outside of the organization without the express permission of the applicant.

# Page **1**

## APPLICATION FOR HARMONY HOUSE SECOND-STAGE HOUSING

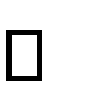
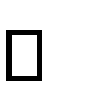
Please note: It is important that you answer ALL the questions in order to be considered for housing 1. APPLICANT (please print)

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Surname** | **Applicant First Name** | | **Work Phone Number** |
|  |  | |  |
| **Home Address (Apt Number/Street Address)** | | | **Home Phone Number** |
|  | | |  |
| **City** | **Province** | **Postal Code** | **Cell Phone Number** |
|  |  |  |  |
| **Email Address** | | | **Safe Phone Number for Messages** |
|  | | |  |
| **Date of Birth (Must be 18+ to apply)** | | |  |

1. HOUSEHOLD COMPOSITION Proof of identity is required for all family members.

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| --- | --- | --- | --- |
| **Full Name(s) Surname First** | **Birthdate** | **Gender** | **Relationship to Applicant** |
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Do you expect the size of your household to change in the next 12 months? NO YES



1. INCOME INFORMATION List Gross Monthly Income (before deductions) for all members of your household from all sources. Proof of income must be attached.

|  |  |  |
| --- | --- | --- |
| **Name** | **Source (eg. Employment, Income Assistance, Employment Insurance, Pension)** | **Amount** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  |  |
|  | **Total Monthly Income for Household** | **$** |

1. Current/Last Employer (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Employer** | **Address, Phone No.** | **Employer Name and Contact Information** |
|  |  |  |  |
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1. RESIDENCY HISTORY Please list your address(es) for the past 2 years. Previous landlords may be contacted for references.

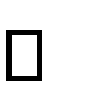
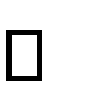
|  |  |  |
| --- | --- | --- |
| **Address** | **From - To** | **Landlord Name and Contact Information** |
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|  |  |  |
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No references? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. DISABILITIES/HEALTH ISSUES List on the lines below any member of your household with a significant disability/health issues which should be considered in your housing needs (Please note: Harmony House is not wheelchair accessible)

|  |  |
| --- | --- |
| **Name** | **Type of Disability/health issue** |
|  |  |
|  |  |

1. PICS – Are you currently participating in or plan to participate in any PICS Program? NO YES

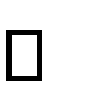
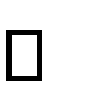


If yes, what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. REFERRAL – How did you hear about Harmony House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. VEHICLES – Do you own a registered/insured vehicle? NO YES



If yes, Drivers License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make/Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate #:\_\_\_\_\_\_\_\_\_\_

1. REFERENCES – Please list at least 2 non-related references

|  |  |  |
| --- | --- | --- |
| **Name** | **Address, Phone No.** | **How do you know this person?** |
|  |  |  |
|  |  |  |

**Are you fleeing domestic/violence? Yes No**

**Please describe your situation (This section is Mandatory to fill out):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*If you are staying at a transition house or have a community support worker, please attach a reference/support letter. The letter should also explain what is happening and why they think you would be a good fit for the program.**

**Why are you applying to the PICS 2nd Stage Program?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are some Goals you have for yourself that you intend to work on while in the Program?at**

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**How do you think PICS Second Stage Program will help you to complete these goals?**

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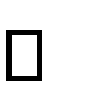
**Any other additional Information you think we should know?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

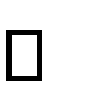
**DECLARATION**

The Freedom of Information and Protection of Privacy Act covers the collection, use and disclosure of personal information. This application is designed to collect specific information from applicants seeking assistance.

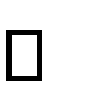
1. **I /WE DECLARE:**

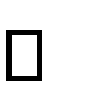
 This is my/our application and all the information in it is true and complete to the best of my/our knowledge.

1. **I/WE PERMIT:**

 PICS to verify any of the information I/we have provided in this application in order to access my/our eligibility for second stage housing.

1. **I/WE ACKNOWLEDGE AND UNDERSTAND THAT:**

 It is my/our responsibility to immediately inform PICS of any changes in my rent, income, marital status, family size, or the people sharing my/our accommodation.

 If I/we wish to withdraw this Consent, I/we may do so at any time in writing to PICS, however withdrawal of this consent will result in my/we being ineligible.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please do not submit original/supporting documents (i.e. bank statements), with the exception of support letters, unless requested!\*\***