**Application for Accommodation**

**GURU NANAK NIWAS - 7566-120A Street, Surrey B.C** **. V3W 1N3**

Tel: 604-596-0052 Email: psf@pics.bc.ca

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## Office use only

File no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please print or type clearly.**

For assistance in completing this form, please contact PICS at 604-596-7722 or 604-596-0052

Provide Preference for one of the following locations:

|  |
| --- |
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| **Address:** Progressive Intercultural Community Services Society Progressive Intercultural Community Services SocietyGuru Nanak Niwas – PHASE 1 Guru Nanak Niwas – PHASE III (4th Floor)7566 – 120 A Street, Surrey, BC V3W 1N3 12075 – 75 A Avenue, Surrey BC V3W 1S8**Unit # Unit #**  |

1. **Applicant(s)** (person asking for accommodation):

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

Last name First name and middle. Date of birth. Mr. Mrs. Home Phone

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Last name First name and middle. Date of birth. Mr. Mrs. Home Phone

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Current Address – suite, house number, street, city, province, postal code.

 Also mailing address, if different than home address.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Last Name, First Name** | **Date of Birth****D/M/Y** | **Age** | **Sex** | **Relationship to applicant** | **Disability,****if any** | **Wheelchair requirement** |
| 1 |  |  |  |  |  | Yes No |
| 2 |  |  |  |  |  | Yes No |

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

* No
* Yes. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Residency History:** (Please list your address(es) for the past 2 years. Use a separate sheet if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | **From date** | **To date** | **Name of landlord** | **Landlord’s Phone No.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you previously lived in subsidized housing? No Yes

If yes, provide the following information

|  |  |  |
| --- | --- | --- |
| **Name address and phone number of the facility** | **From** | **To** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Reference:** Provide two references, with whom are not related and who have known you for over 3 years.

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Telephone Number** |
|  |  |  |
|  |  |  |

1. **Preferred Locations:** Please indicate your preference of 1 Bedroom or 2 Bedroom Apartments

|  |  |
| --- | --- |
| **One Bedroom** | **Two Bedroom** |
|  |  |

1. **Preferred Locations:** Please indicate your preference by giving your choice of floor levels below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First choice** | **Second choice** | **Third choice** | **Fourth choice** | **Fifth choice** | **Sixth choice** |
|  |  |  |  |  |  |

1. **Income Information:** Monthly income (before deduction) of all members of your household from all sources, and attach copies of proof of income.

|  |  |  |
| --- | --- | --- |
| **First Name** | **Monthly Income sources** | **Income** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL GROSS MONTHLY INCOME FOR HOUSEHOLD** **= $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case** | **Bank Balance** | **Stock Bond** | **Annuities RRSP etc.**  | **Net value of Real Estate** | **Current Income** | **Total** |
|  |  |  |  |  |  | **$** |
|  |  |  |  |  |  | **$** |
| **TOTAL VALUE OF ALL ASSETS FOR THE HOUSEHOLD = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Current Accommodations:** Please describe your current accommodation as completely as possible by completing the information below:

|  |  |  |
| --- | --- | --- |
| **Current Monthly Rent** | **Currently Monthly Heat** | **Total Rent and Heat** |
| **$** | **$** | **$** |

|  |
| --- |
| **Describe your current accommodations (circle one)**1. Apartment 5. House Keeping Room
2. Basement Suite 6. Room and Board
3. House / Duplex/Townhouse 7. Hotel/Motel
4. Living with family or friends 8. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **How many bedrooms do you have now?**\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you:**1. Rent 2. Own 3. Shared accommodation 4. Free accommodation 5. Live in co-op |
| **Does your present accommodation have a(n):**Bathroom YES NO If yes, is it: Private Shared NoneKitchen YES NO If yes, is it: Private Shared NoneOutdoor Play Area YES NO |

**J. Work Experience:**

|  |  |  |
| --- | --- | --- |
| **Dates Worked** | **Name of Employer** | **Phone Number** |
|  |  |  |
|  |  |  |
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**Reason for Move:**

Are you under notice to end your present tenancy?

* Yes
* No

If you are not under notice, why do you wish to move, please be specific. Attach sheet for additional information.

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**I.** **Declaration:** Please read the following statements and sign below.

**I/We declare:**

* This is my application; and
* All the information in it is correct and complete to the best of my knowledge and belief.

**I/We authorize:**

* Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), The Housing Registry to make any inquiries that are necessary to verify the information given in this application; and
* Pursuant to the FOI Act, any person, corporation, or social agency to release to The Housing Registry any information pertinent to the assessment of my/our application; and
* The Housing Registry to receive and exchange with credit bureaus and my/our previous landlords credit and other information about me/us, to be used in the decision making process to provide me/us with rental accommodation.

**I/We understand:**

* That , in accordance with section 33 (C ) of the FOI Act, the information on this application may be shared with other affordable housing providers in order to increase my/our opportunities for rent-geared-to-income housing; and
* That this application does not constitute any agreement on the part of The Housing Registry to provide me/us with rental accommodation;
* That it is my/our responsibility to advise PICS office of any changes to the information given in this application and to provide any supporting materials required for my/our application.

|  |  |
| --- | --- |
| **Signature of Applicant** | **Date** |
| **Signature Co – Applicant**  | **Date** |

**K. Application Checklist:**

Before returning your application for accommodation, have you:

* Completed your application in full?
* Indicated your preferred housing location?
* Attached proof of your income?
* Attached proof of your volunteer record and medical certificate?
* Enclosed copy of the notice to end the residency tenancy, if applicable?
* Signed and dated the application in the space above?