



Aboriginal Housing Society of Prince George

1919 17th Avenue, Prince George, BC V2L 5R2 Phone (250) 564-9794 Fax (250) 564-9793

Housing Application Form

IMPORTANT INFORMATION FOR APPLICANTS:

- It is your responsibility to **update your contact information every three (3) months (even if it's just to say you are still interested and there are no changes) or when any changes occur, such as family composition, contact numbers, address, etc.** Failure to do will result in your application being removed from the active applicant listing to inactive and your application will not be considered for housing.
- Incomplete applications will be returned to you. If you would like some help in completing the application or have questions, please call our office and speak to reception or one of our Indigenous Support Workers. They will help you make sure the application is complete and correct.
- Applications with no means of contact (no valid email and no phone number) will be shredded. Please make sure your application includes a way to contact you.
- **Be prepared to provide income documents, references, previous landlord information, and Government Issued Identification if you are called for housing.**

PLEASE SUBMIT COMPLETED FORMS TO ONE OF THE FOLLOWING

Fax: 250-564-9793

Email: info@ahspg.ca

Mail or Drop off: Aboriginal Housing Society of Prince George

1919 17th Avenue

Prince George, BC V2L 5R2

OFFICE USE ONLY

Please Type or Print Clearly

File# _____ Date _____

1. Applicant Information (who will be on the lease agreement?)

Last Name	First Name	Title (please circle one)		
		Mr.		Miss
		Mrs.	Mx	Ms.
		Mr.		Miss
		Mrs.	Mx	Ms.

2. Contact Information

Street Address	City	Province	Postal Code
Home (if you don't have a place, where are you staying)			
Mailing Address (if different from home address)			
Phone (if you don't have one, request a CVM number)	Work Phone (if available)		
Alternate Phone number (if available)	E-mail (if available)		
Contact Person (optional)	Contact Person Phone (optional)		

3. Household Information

a) List yourself, then all other household members that you expect will be living with you. If required, attach separate sheet.

Last Name	First Name	Relationship (to applicant)	Birth Date (dd/mmm/yyyy)	Age	Sex
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

b) Do you or anyone in your household identify as being an Aboriginal person of Canada? Yes No

If **Yes**, please select the option that best describes your Aboriginal identity.

First Nations Métis Inuit Other (Please Specify) _____

Which community are you from: _____

e) Please use this space to tell us about yourself:

4. Housing Requirements

Preferences/Choices

a) Do you or anyone in your household smoke in your home? Yes No

b) Do you have any pets? Yes No

If Yes, how many pets in total? _____

Provide the following information for all pets.

Type	How Many?	Willing to give up? Yes/No	Breeds/Description
Dog			
Cat			
Other			

c) **Tell us where you would like to live.** There are more people applying for housing than vacant units. Therefore, the time to find housing can be very long. To increase the chances of being offered a place to live, you might want to select a number of buildings or areas. However, please note that if you refuse two (2) offers of housing, your application will be cancelled. For that reason, you must be sure that you are prepared to live in any of the buildings or areas you list.

NOTE: A maximum of two (2) offers of housing will be made. If two offers are refused, your file will be cancelled. Please make sure you are willing to live anywhere listed above.

Health and Mobility Information

Do you or any household members have any mobility issues, health conditions or disabilities that we should be aware of? If so, please complete the following questions so that we may assist you with matching you to housing that best suits your needs. If you do not have a health condition or disabilities go to the next section.

a) Do you or any members of your household have restrictions with stairs?

No restrictions Cannot manage stairs Difficulty/struggle with stairs

b) Do you or any members of your household use a

Wheelchair Yes No Scooter Yes No

If a wheelchair is used, it is used inside your home? Yes No

c) Can everyone in your household safely use all rooms in your current housing? Yes No

d) Please describe any special requirements or features that you may need in your housing related to your mobility or health condition.

Residency History

- a) Have you previously been a tenant with AHSPG? **YES/NO** _____
- b) Are you looking for subsidized housing? Yes____ NO ____ **If yes, complete the rest of this form.**
- c) Are you looking for one of our market rate rental units? **Yes/No** _____ **If yes, you may skip to the end and sign the form.**

If you are looking for subsidized housing please complete the rest of this form.

a) Have you or any members of your household ever lived in subsidized housing? Yes No

If yes, provide the following information for all previous subsidized housing.

Name on Tenancy	Name and Address of Development	Reason for Leaving	Money Owing? Yes or No

5. Income and Asset Information

a) Is anyone in the household receiving income assistance from the Ministry of Housing and Social Development (Social Assistance)? Yes No

b) For all other income sources, list gross monthly income (before deductions) for everyone age 19 or older

Name (surname first)	Income Source (employment, EI, Pension etc)	Gross Monthly Income (\$)
		\$ _____

c) For any adult (age 19 or older) with no income, please tell us why there is no income.

Note: If any adult (age 19 or older) is a full-time student, attach proof of student status to application.

Note: Proof of income and assets must be provided when selected applicants are interviewed for placement.

6. Current Accommodation

a) Do you Rent Share Other _____

b) How much is your rent payment? \$_____ Is this: Nightly Weekly Monthly

Is heat included in the rent? Yes No

c) How many bedrooms does your household have? _____

d) Please describe your current living arrangements

- | | | |
|------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> House /Townhouse | <input type="checkbox"/> Apartment/Basement Suite | <input type="checkbox"/> Hotel /Motel |
| <input type="checkbox"/> Second-stage Housing | <input type="checkbox"/> Manufactured Home/Trailer (in park service) | <input type="checkbox"/> Transition House |
| <input type="checkbox"/> Housekeeping/Room & Board | <input type="checkbox"/> Living w/family and friends | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Treatment Centre or Care Facility | <input type="checkbox"/> Other (Describe) _____ | |

e) Do you have a bathroom? Private Shared None

f) Do you have a kitchen? Private Shared None

g) Have you received a legal notice to end tenancy? Yes No

If YES, what date do you have to move by? _____

Note: Attach a copy of the notice to end tenancy to the application. This notice must be the Residential Tenancy Branch's Notice to End Tenancy Form.

h) If you are currently housed and you are NOT under notice to move, please tell us why you want to move.

i) Please feel free to share any further details that will help us understand your situation:

Confirmation Statement

I confirm all information is true and complete. I have left nothing out that may be a factor in being offered an Aboriginal Housing Society of Prince George unit. I understand that false information or omission of required information will result in the cancellation of my application. I confirm I will provide all required references, landlord information, identification, and (if needed) financial records when I am interviewed for placement into an AHSPG unit.

Signed: _____ Date: _____

Print Name: _____

Signed: _____ Date: _____

Print Name: _____

This application is confidential. AHSPG maintains paper and electronic records in accordance with privacy laws.