

The Handy Capable Housing Society
Glaser Terrace, 1140 Scott Street, Creston B.C. V0B1G4
Mailing Address: P.O. Box 443 V0B1G0
handycapablehousing@shaw.ca
www.crestonbc.com/handycapablehousing/

RE: EXPRESSION OF INTEREST FOR APPLICATION

Enclosed you will find an application form which you will need to print out, complete and return to:

The Handy Capable Housing Society
P.O. Box 443
Creston BC V0B 1G0

We would like you to be aware that persons with physical disabilities that restrict them to a wheelchair but are able to live independently will be given first priority. If there are no applicants who fit this category others with a disability will be considered.

There is no waiting list based on seniority.

Your application will be kept on file and you will be contacted every six months to be sure you still wish to be an applicant. **You need not complete the income and assets information sections D and E, until you have been short-listed.**

When a suite becomes available, applicants are short-listed based on need, and are contacted by our manager for further evaluation.

This evaluation will consist of:

Medical documentation completed by your doctor and returned by you.

Assessment of your disability by a registered physiotherapist.

Assessment of your present accommodation by a Board representative.

Income documentation will be required and rent will be calculated accordingly.

All fees are your responsibility, such as doctor and physiotherapist.

Based on the above assessment, the board will make a decision. The successful applicant will be notified and have a reasonable time to give notice to their current landlord.

Thank you for your interest in Glaser Terrace.

Yours truly,

Contract Manager
for, The Glaser Terrace Board

APPLICATION FOR ACCOMODATION

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

Last name:	First name:	Mr. Mrs.	Miss Ms.	Home Ph:
Last name:	First name:	Mr. Mrs.	Miss Ms	Work Ph:
Address: suite, number, street, city, BC, postal code (include mailing address if different)				Message Ph:

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

Full Name (surname first)	Birth date d/m/y	Age	Sex	Relationship to Applicant	Type of Disability, if any	Wheelchair Requirements
1				Applicant		<input type="checkbox"/> Yes
2						<input type="checkbox"/> Yes
3						<input type="checkbox"/> Yes
4						<input type="checkbox"/> Yes
5						<input type="checkbox"/> Yes
6						<input type="checkbox"/> Yes

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

Check if yes. Please explain:.....

C. 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 Ph. Num.
Above Address		Present		

Have you previously lived in subsidized accommodation? Check if yes.

If yes, what was the name and/or address of the development? _____

What were the dates of your residency? From _____ To _____

You need not complete the income and assets information sections D and E, until you are notified that you have been short-listed.

D. Income Information: (List Gross Monthly Income [before deductions] for all members of your household, from all sources)

First Name	Source (i.e. employment, EI, pensions(s), GAIN, etc.)	Gross Monthly Income (\$)
1.		
2.		
3.		
4.	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	\$	Value of Real Estate Owned	\$

Other: (e.g. RRSP, Annuities, Mortgage held by household members) List below.

	\$		\$
--	----	--	----

F. Current Accommodation:(Please describe your current accommodation as completely as possible by checking and/or completing the information below.)

Please state: Your current monthly rent: \$_____	
Does your rent include Heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your average monthly payment for heat, if any: \$_____
Is your current accommodation a:	
<input type="checkbox"/> 1. Apartment <input type="checkbox"/> 2. House/Duplex/Townhouse <input type="checkbox"/> 3. Housekeeping Room <input type="checkbox"/> 4. Basement Suite <input type="checkbox"/> 5. Room & Board <input type="checkbox"/> 6. Trailer <input type="checkbox"/> 7. Living with Family/Friends <input type="checkbox"/> 8. Hotel/Motel <input type="checkbox"/> 9. Other (please explain)_____	
Please state the number of bedrooms your household presently occupies: _____	
Do you:	
<input type="checkbox"/> 1. Rent <input type="checkbox"/> 2. Own <input type="checkbox"/> 3. Share Expenses <input type="checkbox"/> 4. Have Free Accommodation <input type="checkbox"/> 5. Live in a Co-op	
Does your present accommodation have a:	
Bathroom	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Kitchen	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Laundry	<input type="checkbox"/> Private <input type="checkbox"/> Shared <input type="checkbox"/> None
Do you have any household pets? <input type="checkbox"/> Yes (it is important that you list all pets.)	
<input type="checkbox"/> Dog Type/Breed (please indicate):_____	
Other (please indicate)_____ Are you willing to give up your pet? (if any) <input type="checkbox"/> Yes <input type="checkbox"/> No	

G. Disabilities / Health Problems

1. Name of household member(s) with disability / health problem.

--

2. Describe type of disability or health problem and state the severity or level.

--

3. List special equipment, mobility aids presently being used. e.g. wheelchair, walker, trapeze to transfer etc.

--

4. How long have you lived with this disability or health problem?

--

5. Are you presently using some form of care service? e.g. home support, and describe to what extent.

--

H. Required Accommodation:

This housing project has 1, 2, 3 bedroom suites. Guidelines are:

Couples and singles to reside in 1 bedroom suite.

Parents with one child – 2 bedroom suite.

Family with 2 or more children – 3 bedroom.

Indicate the suite size you require

<input type="checkbox"/> one bedroom suite	<input type="checkbox"/> two bedroom suite	<input type="checkbox"/> three bedroom suite
--	--	--

If you require a suite other than the guideline size – please state size and describe medical reason why this is different than the recommended suite. A physician’s letter must be attached (e.g. Due to wife’s disability, she requires separate sleeping arrangements from husband.)

I. Reason for Move:

Are you under notice to end your present tenancy? (check, if yes)

If yes, a copy of the legal Notice to End a Residential Tenancy from your landlord must be attached.

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

--

--

J. Completion of Application Checklist:

Before sending in your 'Application for Accommodation', have you:?

- Completed your Application in full?
- Enclosed a copy of "Notice to End a Residential Tenancy", if applicable?
- Signed Application in space below?

DECLARATION: Please read and sign this statement.

Where BC Housing is mentioned in this document, it is also understood to mean The Handy Capable Housing Society.

I/We understand that this application does not constitute any agreement on the part of BC Housing to provide me/us with rental accommodation. I/We declare that the information given in this application is correct and complete. I/We understand that it is my/our responsibility to advise BC Housing of any changes to the information given in this application and to provide any supporting materials required for my/our application.

Pursuant to the Freedom of Information and Protection of Privacy Act, I/We give BC Housing my/our consent to make any inquiries that are necessary to verify the information given in this application and I/we authorize any person, corporation or social agency to release to BC Housing any information pertinent to the assessment of my/our application.

I/We authorize consent to BC Housing receiving and exchanging, with credit bureaus and my/our previous landlords with whom I/we have had dealings, credit and other information about me/us. I/We understand that such information will be a factor in BC Housing's decision to provide me/us with rental accommodation.

Signature of Applicant	Date
Signature of Applicant	Date

**Please Return To
The Handy Capable Housing Society
P.O. Box 443
Creston, B.C. V0B 1G0**

Housing Society Use Only

Assigned to building No.

Unit No.

No. of bedrooms

Reason for refusal