

# The Handy Capable Housing Society

Glaser Terrace, 1140 Scott Street, Creston B.C. V0B1G4  
Mailing Address: 1140 Scott Street, Creston B.C. V0B1G4

Email: [handycapablehousing@shaw.ca](mailto:handycapablehousing@shaw.ca)

[www.crestonbc.com/handycapablehousing/](http://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  
1140 Scott Street  
Creston BC V0B1G4

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 for one year. Should a vacancy occur we will try to contact you. Please feel free to write every year to indicate your current interest.

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

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

This evaluation will consist of: Medical documentation completed by your doctor and returned by you. Assessment of your disability by a registered physiotherapist may be required. 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,

Tenants Committee, for  
The Handy Capable Housing Society

## APPLICATION FOR ACCOMODATION

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

|  |             |             |             |             |
|--|-------------|-------------|-------------|-------------|
| Last name:   | First name: | Mr.<br>Mrs. | Miss<br>Ms. | Home Ph:    |
| Last name:   | First name: | Mr.<br>Mrs. | Miss<br>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)

| Last name:   | First name:         | Mr.<br>Mrs. | Miss<br>Ms. | Home Ph:                     |                               |                            |
|--|---------------------|-------------|-------------|------------------------------|-------------------------------|----------------------------|
| Last name:   | First name:         | Mr.<br>Mrs. | Miss<br>Ms  | Work Ph:                     |                               |                            |
| Address: suite, number, street, city, BC, postal code (include mailing address if different) |                     |             |             | Message Ph:                  |                               |                            |
| Full Name (surname first)  | Birth date<br>d/m/y | Age         | Sex         | Relationship<br>to Applicant | Type of Disability, if<br>any | Wheelchair<br>Requirements |
| 1  |                     |             |             | <b>Applicant</b>             |                               | ❖ Yes                      |
| 2  |                     |             |             |                              |                               | ❖ Yes                      |
| 3  |                     |             |             |                              |                               | ^                          |

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)

|            |             |             |             |          |
|------------|-------------|-------------|-------------|----------|
| Last name: | First name: | Mr.<br>Mrs. | Miss<br>Ms. | Home Ph: |
| Last name: | First name: | Mr.         | Miss        | Work Ph: |

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)

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

**E. Assets:** (Please list current value of all assets held by you and members of your household.)

|            |             |             |             |          |
|------------|-------------|-------------|-------------|----------|
| Last name: | First name: | Mr.<br>Mrs. | Miss<br>Ms. | Home Ph: |
|------------|-------------|-------------|-------------|----------|

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.)

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

| Full Name (surname first) | Birth date<br>d/m/y | Age       | Sex            | Relationship<br>to Applicant | Type of Disability, if<br>any | Wheelchair<br>Requirements   |
|---------------------------|---------------------|-----------|----------------|------------------------------|-------------------------------|------------------------------|
| 1                         |                     |           |                | <b>Applicant</b>             |                               | <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 |
| Address                   |                     | From Date | To Date        | Name of Landlord             |                               | Landlord Ph. Num.            |
| <b>Above<br/>Address</b>  |                     |           | <b>Present</b> |                              |                               |                              |
|                           |                     |           |                |                              |                               |                              |

**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 ø 2 bedroom suite. Family with 2 or more children ø 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 ø 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:**

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

**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.

I/We will comply and understand the Smoke Free Policy 26.1 effective August 5, 2008 which is an addendum to the Tenancy Agreement. Signing the Tenancy Agreement satisfies and declares tenant's compliance of Smoke Free Policy 26.1 upon entering into this tenancy with the landlord.

I/We will comply and understand the Crime Free Policy 12.4 effective Oct. 20, 2009 which is an addendum to the Tenancy Agreement. Signing the Tenancy Agreement satisfies and declares tenant's compliance of Crime Free Policy 12.4 upon entering into this tenancy with the landlord.

|            |             |          |          |          |
|------------|-------------|----------|----------|----------|
| Last name: | First name: | Mr. Mrs. | Miss Ms. | Home Ph: |
| Last name: | First name: | Mr.      | Miss     | Work Ph: |

|                     |             |          |          |
|---------------------|-------------|----------|----------|
| Last name:          | First name: | Mr. Mrs. | Miss Ms. |
| Unit No. Last name: | First name: | Mr. Mrs. | Miss Ms. |

Address: suite, number, street, city, BC, postal code (include mailing address if different)

| Full Name (surname first) | Birth date<br>d/m/y | Age | Sex | Relationship<br>to Applicant | Type of Dis<br>any |
|---------------------------|---------------------|-----|-----|------------------------------|--------------------|
| 1                         |                     |     |     | <b>Applicant</b>             |                    |
| 2                         |                     |     |     |                              |                    |