



Shxwhá:y Housing Application

44680 Schweyey Road, Chilliwack, BC, V2R 5M5
Phone: 604-792-9316 Fax: 604-792-9317 Toll Free: 1-877-792-9316

Received Date: _____

(PLEASE PRINT OR TYPE CLEARLY)

(For assistance in completing this form, please contact the Housing Department at 604-792-9316)

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

Last Name:	First Name:	Mr. Miss Mrs. Ms.	Home Phone:
Last Name:	First Name:	Mr. Miss Mrs. Ms.	Work Phone:
Address: suite, number, street, city, province/state, postal/zip code (include mailing address if different)			Message Phone:

B. Household Composition: (List yourself on line 1, then list all of the other persons in your household who will be living with you. If there is more than 8 people in your household, 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 Requirement
1.						<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
7.						<input type="checkbox"/> Yes
8.						<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 Phone Number
Above Address		Present		

Have you previously lived in subsidized accommodation? YES NO Please check one.

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

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

D. Income Information: (List Gross Monthly Income (before deductions) for all members of your household, from all sources.)
Attach sheet for additional information

Name	Source (i.e. employment, EI, pension(s), GAIN, etc.)	Gross Monthly Income (\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Total Gross Monthly Income for Household		

E. 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? YES NO Your average monthly payment for heat, if any: \$ _____

Is your current accommodation a:
 1. Apartment 2. House/Duplex/Townhouse 3. Housekeeping Room
 4. Basement Suite 5. Room & Board 6. Trailer 7. Living with Family/Friends
 8. Hotel/Motel 9. Other (Please Explain) _____

Please state the number of bedrooms your household presently occupies: _____

Do you:
 1. Rent 2. Own 3. Share Expenses 4. Have Free Accommodation 5. Live in a Co-op

Do you have any household pets? YES (It is important that you list ALL pets.) NO
 Dog Type/Breed (please indicate): _____

Other (please indicate): _____ Are you willing to give up your pet? (if any) YES NO

F. Reason for Move:

Are you under notice to end you present tenancy? YES NO
If yes, a copy of the legal Notice to End a Residential Tenancy from you landlord must be attached.

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

G. Completion of Application Checklist:

Before sending in your 'Skway Housing Application', 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.

I/We understand that this application does not constitute any agreement on the part of Shxwhá:y Housing to provide me/us with rental accommodation. I/We declare that the information given in this application is correct and complete.

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

I/We authorize consent to Shxwhá:y 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 Shxwhá:y Housing's decision to provide me/us with rental accommodation.

I/We understand that the information on this application may be shared with other social Housing Providers in order to increase my/our opportunities for subsidized housing.

Signature of Tenant:	Date:
Signature of Housing Manager	Date:
Signature of Councillor	Date: