



**HOUSING APPLICATION FORM**

The Under One Roof is an affordable housing project that is only eligible to people who fit under the low income cutoff (as issued by Statistics Canada) and requires ongoing income testing

**Return Application to:**

**Kindale Developmental Association**  
**PO Box 94 (2725 Patterson Avenue)**  
**Armstrong BC V0E 1B0 Fax 250-546-3053**  
**b\_elliott@kindale.net**

**Vernon & District Community Land Trust**  
**c/o 3205 31<sup>st</sup> Ave Vernon BC V1T 2H2**  
**Fax: 250-545-0091 or e-mail to**  
**info@communitylandtrust.ca**

**1. APPLICANT(S) INFORMATION**

Last Name	First Name	Title (circle one)	
		Mr. Mrs.	Miss Ms.
Applicant 1			
Applicant 2			

**2. CONTACT INFORMATION**

Street Address	City	Province	Postal Code
Mailing Address (if different)			
Home Phone:	Work Phone:		
Message Phone:	Email:		
Contact Person (optional):	Contact's Phone:		

### 3. PETS

3a. Under One Roof has a **no pets allowed** policy.

### 4. SMOKING

4a. Under One Roof has a **no smoking** policy

### 5. HOUSEHOLD INFORMATION

5a. List all other persons who will be living with you.

- Only the people indicated on this form can live with you if you are approved for housing
- If you or your proposed roommates are not Canadian Citizens, proof of status in Canada will be required

Last Name	First Name	Relationship	Birth Date dd/mm/yyyy	Age	Sex	Canadian Citizen?
1.		self				
2.						
3.						
4.						
5.						
6.						
7.						

5b. Do you expect the number of people living with you to change in the next 12 months?

(e.g. pregnancy, a family member joining or leaving etc.) YES  NO

If yes, please explain and provide expected date of household size change.

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## 6. RESIDENCY HISTORY

6a. Please provide information on your current and last two landlords and/or living situations.

Address	From: mm/yyyy	To: mm/yyyy	Landlord's Name	Phone #	Reason for Leaving

6b. Have any adults (age 19 or older) listed on this application lived with you for less than two years?

YES  NO  If yes, please list their name(s) and landlord/roommate information for their last 3 residences

Address	From: mm/yyyy	To: mm/yyyy	Landlord's Name	Phone #	Reason for Leaving

## 7. HOUSEHOLD ASSETS

List the current value of all assets held by you and members of your household.

*(Proof of assets will be required if selected. Ensure you can provide documentation)*

Cash/Bank Balance	\$	RRSPs/Annuities	\$
Stocks/Bonds	\$	Residential Real Estate	\$
Term Deposits	\$	Other assets or investments	\$
Other	\$	Other	\$

## 8. HOUSEHOLD INCOME

**8a. You must state all sources of income for each member of your household aged 16 or over.**

*(Proof of income will be required. Be prepared to provide photocopies of pay stubs, pensions, income assistance or bank statements showing direct deposits)*

**Source of income for (print name)** \_\_\_\_\_

Source of Income	Name and Contact	Phone #	Occupation	Monthly Income \$\$\$\$
Employment				
Employment				
Self Employment				
Income Assistance (PWD)				
Income Assistance (PPMB)				
Income Assistance (Regular)				
Employment Insurance (EI)				
Alimony/Spousal Support				
Child Support				
Worker's Compensation				
Old Age Security (OAS)				
Canada Pension (CPP)				
Other Pension Income				
Investment Income				
Guaranteed Income Supplement (GIS)				
Other Income (specify)				
<b>Total Income</b>				\$

**8 b. You must state all sources of income for each member of your household aged 16 or over.**

*(Proof of income will be required. Be prepared to provide photocopies of pay stubs, pensions, income assistance or bank statements showing direct deposits)*

**Source of income for (print name)**

Source of Income	Name and Contact	Phone #	Occupation	Monthly Income \$\$\$\$
Employment				
Employment				
Self Employment				
Income Assistance (PWD)				
Income Assistance (PPMB)				
Income Assistance (Regular)				
Employment Insurance (EI)				
Alimony/Spousal Support				
Child Support				
Worker's Compensation				
Old Age Security (OAS)				
Canada Pension (CPP)				
Other Pension Income				
Investment Income				
Guaranteed Income Supplement (GIS)				
Other Income (specify)				
<b>Total Household Income</b>				\$

**8c. If there is an adult aged 19 or over in your household without an independent income please explain why (e.g. unemployed, attending school or has a medical condition).**

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## 9. HOUSEHOLD DEBT

Please state all debt for each member of your household aged 16 or over.

Debt owed to (Name and address)	Phone number	Monthly Payment	Total Owed
<b>Total</b>			

## 10. PRIORITY STATUS REQUESTS

Are you in a situation which may qualify you for Priority status (health concerns, special needs or a difficult living situation)? YES  NO

If yes, please provide details of your situation on a separate sheet as well as the names and contact information for agencies or persons that can provide confirmation.

## 11. COMMENTS (any information that may assist in processing your application)

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## 12. APPLICATION CHECKLIST

Please ensure that your application is complete and that the following documentation is attached or available upon request. Incomplete or undocumented applications may result in ineligibility.

- Proof of Citizenship or status in Canada
- Proof of current address and amount of rent (e.g. current rent receipt or rental agreement)
- Proof of income and assets for all household members (pay stubs, statements etc.)
- If applying for priority status attach a description of your situation and provide contact information that can be used to verify it.

## 13. CONFIDENTIALITY

All information provided in this form will be kept in strictest confidence.

## 14. DECLARATION

1. I/we give our word that all the information provided in this application is correct and complete. If something is incorrect or not true, I/we understand that Kindale/VDLTS may cancel our application.
2. I/we give my consent and authorization to Kindale/VDLTS to make inquiries to verify the information given on this application and I authorize any person, corporation or social agency having knowledge/possession of any such required information to release the information to Kindale/VDLTS.
3. I/we understand that only the people I/we have identified as members of this household may live with me/us in the Under One Roof housing complex.
4. I/we understand that I/we must advise Kindale/VDLTS of any changes to my/our housing needs.
5. I/we understand that I/we must advise Kindale/VDLTS of any changes in contact information and/or household composition within 10 days of the change or the application may be deemed ineligible.
6. I/we understand that the Under One Roof has an income requirement in order to be eligible – this will also require income testing on a yearly basis.

### APPLICANT

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CO-APPLICANT (if applicable)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_