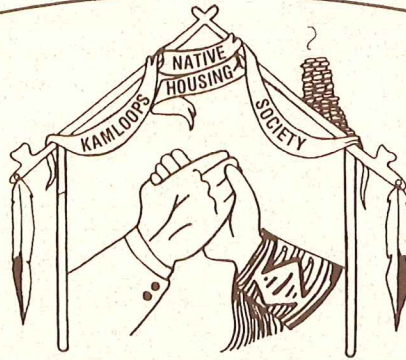


Kamloops Native Housing Society



742 Mount Paul Way, Kamloops, BC V2H 1B5

P. 250-374-1728 • P. 250-374-9773 • F. 250-374-7643 • Email: reception@knhs.ca

Applicants please note:

There is a 6 month Residency waiting period

This means that applications will be given priority and considered for further processing, interview, etc. after 6 months of living in Kamloops. However, this does not disqualify you from applying.

Submitting an application does not automatically place you on a "Wait-List", Housing is based on need

Families who are needing quality, affordable, and/or safe housing are considered to be a higher priority. We do not have a policy of "First Come, First Served." KNHS provides subsidized Urban Native Housing and eligibility is evaluated on an individual basis through assessment of income, family size, health, need at the time of vacancy, etc.

Kamloops Native Housing does not provide Emergency Housing. If you require immediate housing, please contact either:

Ask Wellness Centre: 250-376-7558

Elizabeth Fry Society: 250-374-2119

Women's Emergency Shelter: 250-374-6162

John Howard Society: 250-374-3844

AHOP: 250-819-4519

Fill in your application completely and contact the KNHS Office on a monthly basis to demonstrate your need for affordable housing. It is important to update your application with any changes, i.e. new contact information, names, phone number, number of residents. Our contact information is available at the top of this page.

In unity and respect,

Kamloops Native Housing Society



KAMLOOPS NATIVE HOUSING SOCIETY TENANT APPLICATION

Date _____
File # _____

The Kamloops Native Housing Society is a Non-Profit Society formed to provide affordable, comfortable and safe housing for the Urban Native People of Kamloops. The requested information will only be use to determine your eligibility, it remains completely confidential and becomes the property of KNHS.

	<u>Applicant #1</u>		<u>Applicant #2</u>
First Name:	_____		First Name: _____
Last Name:	_____		Last Name: _____
Birthdate:	(M/D/Y) _____		Birthdate: (M/D/Y) _____
Social Insurance #:	_____		Social Insurance #: _____
Driver's Licence:	Yes _____ No _____		Driver's Licence: Yes _____ No _____
Phone #:	_____		Phone #: _____
Email Address:	_____		Email Address: _____
Mailing Address:	_____		

Income Source and amount before deductions

	<u>Applicant #1</u>		<u>Applicant #2</u>
Employment:	_____ /week		Employment: _____ /week
Unemployment Insurance:	_____ /week		Unemployment Insurance: _____ /week
Social Assistance:	_____ /month		Social Assistance: _____ /month
Disability Benefits:	_____ /month		Disability Benefits: _____ /month
C.P.P.	_____ /month		C.P.P. _____ /month
O.A.S.	_____ /month		O.A.S. _____ /month
School Funding:	_____ /month		School Funding: _____ /month
Child Tax Benefit:	_____ /month		Child Tax Benefit: _____ /month
Other: _____	_____		Other: _____

Do you own or have any Assets? (stocks, bonds, term deposits, cash, savings, real estate, land)

Explain & \$ Value: _____

NOTE: If your Assets are \$100,000+, you do not qualify for this Program.

Dependents

First & Last Name	Gender	Birthdate	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Monthly Living Expenses

Rent	_____	Cable	_____
Hydro	_____	Child Care	_____
Heat	_____	Food	_____
Phone	_____	Transportation	_____
Other	_____	Other	_____

Current Living Details

Street Address: _____
 City & Province: _____
 Move In Date: _____

<u>Type of Dwelling:</u>	
Apartment	# of Bedrooms _____
Condo	# of Bedrooms _____
House	# of Bedrooms _____
Trailer	# of Bedrooms _____

Reason you want to leave these premises:

Do you share these accommodations: _____ If yes, please describe below:

Landlord's Name: _____

Landlord's Phone # _____

(If possible, please have your landlord complete the Rental Reference page at the back of this package.)

Previous Address

Address: _____

Move In Date: _____ Move Out Date: _____

Reason for Leaving: _____

Landlord's Name: _____

Landlord's Phone # _____

Housing Needs

Do you or any family member living with you have a physical disability or Medical Concern? _____

If yes, please explain _____

If yes, will they require wheelchair access: _____

Do you own pets, if so describe: _____

Do you own any large equipment, if so describe: _____

Are any members of your household smokers, if so, who: _____

Do you have Tenant's Insurance: _____

Please list all vehicles you currently own:

Year/Make/Model _____ Is it insured: _____ Plate # _____

Year/Make/Model _____ Is it insured: _____ Plate # _____

Year/Make/Model _____ Is it insured: _____ Plate # _____

Have you ever applied for Kamloops Native Housing? _____ If yes, what year: _____

Are you an Approved Foster Parent: _____

Where would be your preferred location with KNHS: North Shore Sahali Either Elder's Complex
(Circle the applicable one)

Native Ancestry

Applicant #1: Are you of Native Ancestry: _____ If so, what Band Affiliation: _____

Applicant #2: Are you of Native Ancestry: _____ If so, what Band Affiliation: _____

Personal References (2 each)

(Cannot be a landlord, spouse or immediate family member)

Applicant #1

Applicant #2

Name: _____

Name: _____

Phone # _____

Phone # _____

Address: _____

Address: _____

Relationship to you: _____

Relationship to you: _____

Years known: _____

Years known: _____

Name: _____

Name: _____

Phone # _____

Phone # _____

Address: _____

Address: _____

Relationship to you: _____

Relationship to you: _____

Years known: _____

Years known: _____

Present Employer References

Applicant #1

Applicant #2

Employer's Name: _____
 Business Name: _____
 Address: _____
 Phone #: _____
 Occupation: _____
 Start Date: _____

Employer's Name: _____
 Business Name: _____
 Address: _____
 Phone #: _____
 Occupation: _____
 Start Date: _____

Previous Employment History

Business Name: _____
 Address: _____
 Occupation: _____
 Period Employed: _____

Business Name: _____
 Address: _____
 Occupation: _____
 Period Employed: _____

I/We give the Kamloops Native Housing Society authorization to verify all information provided in this application including reference checks.

I/We understand that this application can be kept on file for up to six months provided I/We maintain contact with KNHS updating information as needed and/or expressing a continued interest in housing. I/We understand that this application will be considered inactive if information is not updated at least every six months.

I/We understand that this application is to determine eligibility for housing and is **not** a Tenancy Agreement with the Kamloops Native Housing Society to provide rental accommodations.

Applicant #1

Applicant #2

Signature: _____
 Date: _____

Signature: _____
 Date: _____

Signature: _____
 Kamloops Native Housing Society

Date: _____