

## KAMLOOPS NATIVE HOUSING SOCIETY RURAL & NATIVE HOUSING PROGRAM - APPLICATION

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) _____
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: \_\_\_\_\_

Reason you want to leave these premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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 housing through this program? \_\_\_\_\_ If yes, what year: \_\_\_\_\_

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: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Years known: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please advise which Rural Community you are applying for:

\_\_\_\_\_

**LANDLORD RENTAL REFERENCE**

Present Landlord: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name(s) of Tenant: \_\_\_\_\_

Date Tenancy Began: \_\_\_\_\_

Do you own the rental property?    YES    or    NO

If no, are you subletting to the tenant?    YES    or    NO

Are you acting as a Property Manager for the registered property owner?    YES    or    NO

Are you related, directly or indirectly, to the tenant?    YES    or    NO    If yes, please explain:

\_\_\_\_\_

Monthly Rent Charged: \_\_\_\_\_

or Room & Board: \_\_\_\_\_

Does the rent include utilities?    YES    or    NO

Is the rent always paid on time?    YES    or    NO    If no, please explain:

\_\_\_\_\_

Have you served any Eviction Notices to this tenant?    YES    or    NO    If yes, how many: \_\_\_\_\_

Is the tenant taking satisfactory care of the rental property?    YES    or    NO    If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

LANDLORD RECOMMENDATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_