



## RESIDENCY APPLICATION – near market

Each individual who will be signing the lease needs to complete their own application form

**1. Applicant/Co-Applicant:** (Person applying for accommodation) *(PLEASE PRINT CLEARLY)*

Last Name	First Name	Mr. Mrs.	Miss Ms.	Home Phone
Address: suite, house number, street, city, province, postal code				Work/Cell Phone
Mailing address (if different from above)			Email	
Social Insurance Number (optional)		Driver's License Number		

**2. Household Composition:** (yourself and any other person who will be living with you.)

Full Name	Birth Date DD/MM/YY	Age	Relationship to Applicant
1.			<b>Applicant</b>
2.			

Is the other person in your household a Co-Applicant who is completing their own application form?  Yes  No

Do you expect the number of people in your household to change over the next 12 months? (anyone joining or leaving)  Yes  No

If Yes, please explain:

Do you have any household pets?  Yes  No If yes, indicate number of pets \_\_\_\_\_

Indicate the type(s), breed(s) and weight(s) \_\_\_\_\_

Number of vehicles you own \_\_\_\_\_ Parking required:  Yes  No

**3. Professional Performing Arts and/or Associated Professions Information**

Please attach a resume and/or a work history to substantiate your career in the professional performing arts or associated professions.

Please indicate here, your primary professions in the performing arts industry and the numbers of years worked.

\_\_\_\_\_  
Profession/Trade Years worked

\_\_\_\_\_  
Profession/Trade Years worked

Please list your affiliations with professional performing arts associations, organizations or unions.

1.	3.
2.	4.

#### 4. Residency History

How long have you lived in British Columbia? \_\_\_\_\_ How long have you lived in Canada? \_\_\_\_\_

Landed Immigrant  Canadian Citizen  Other if Other, please explain: \_\_\_\_\_

Please list your address(es) for the past 5 years. Use a separate sheet if required.

Address	From Date	To Date	Name of Landlord	Landlord Phone #
		Present		

#### 5. Current Accommodation

Your currently monthly rent/mortgage \$ \_\_\_\_\_ If renting, is heat included?  Yes  No

Owner of residence  Mortgage provider and account number: \_\_\_\_\_

#### 6. Medical Information

Are you able to take responsibility for the preparation of your own meals and the care of your suite?  Yes  No

Do you require a wheelchair?  Yes  No

Will you need daily medical or personal care assistance provided by visiting nurses, family members or minimal visits by a home health aide?  Yes  No

Are you permanently disabled?  Yes  No

Is this the reason for your application?  Yes  No

Please describe your disability or other significant medical conditions:

Name of current physician	Phone1	Phone2	Email
Address of current physician: suite, building number, street, city, province, postal code			Years in care
I, _____ certify that I am capable of independent living.			
Signature of Applicant		Date	

## 7. Financial Statement

I, \_\_\_\_\_, confirm that the information set out in this financial statement is true and complete to the best of my knowledge.  
(name)

<p><b>a) Employer/Employment information:</b></p> <p><input type="checkbox"/> I am employed by _____</p> <p><input type="checkbox"/> I am self-employed as _____</p>
<p><b>b) Documentation required:</b> I have attached to this statement <u>a copy</u> of each of the following applicable income documents:</p> <p><input type="checkbox"/> <b>If you are an employee:</b> a letter of employment indicating annual salary or hourly rate of remuneration and expected hours of employment and/or a recent statement of earnings indicating total earnings year to date</p> <p>AND <input type="checkbox"/> income tax notices of assessment or reassessment for each of the 2 most recent taxation years;</p> <p>OR if you do not have either of the above <input type="checkbox"/> personal income tax returns filed for the 2 most recent taxation years;</p> <p><input type="checkbox"/> <b>If you are self-employed:</b> the past 2 years' financial statements for your business or professional practice</p> <p>OR if you do not do financial statements <input type="checkbox"/> income tax notices of assessment or reassessment for each of the 2 most recent taxation years;</p> <p>OR <input type="checkbox"/> personal income tax returns filed for the 2 most recent taxation years;</p> <p><input type="checkbox"/> <b>If you are receiving Workers' Compensation benefits:</b> 3 most recent WCB benefit statements;</p> <p><input type="checkbox"/> <b>If you are receiving Employment Insurance benefits:</b> 3 most recent EI benefit statements</p>

### c) Annual income

Please indicate your expected income for the current year (gross annual amounts)

LINE	ALL SOURCES OF INCOME		Annual Amounts (Gross)
	<b>Sources of annual income</b>		
1	Employment income	+	
2	Self-Employment income	+	
3	Employment insurance benefits	+	
4	Workers' compensation benefits	+	
5	Interest and investment income	+	
6	Pension income	+	
7	Other Income (ie. Rental income, RRSP income, interest income) Specify:	+	
8	Other income – Specify:	+	
9	Total income	=	

**8. Personal References**

Name	Address	Phone	Relationship to Applicant
1.			
2.			
3.			

**9. DECLARATION.** Please read and sign this statement.

I hereby apply for tenancy at the PAL Vancouver Residence at 1616 Cardero Street, Vancouver.

I understand that:  
Rents will be linked to operating costs and will therefore be increased as operating costs increase.

I certify that the information on this form is true, correct and complete in every respect to the best of my knowledge and can be verified by PAL Vancouver including obtaining credit and/or personal reports on me from one or more agencies or individuals.

I authorize, pursuant to the Freedom of Information and Protection of Privacy Act, PAL Vancouver to make any inquiries necessary to verify information given in this application and any person, corporation or social agency to release to PAL Vancouver any information pertinent to the assessment of this application.

I understand this application does not constitute an agreement on the part of PAL Vancouver to provide me with accommodation.

I understand that it is my responsibility to advise PAL Vancouver of any changes to the information given in this application and to provide any supporting materials required for my application.

Signature of Applicant	Date
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